

Revised: 8-2008

APPLICATION FOR APPROVAL OF CREDITS ON SALARY SCHEDULE

TITLE OF COURSE _____

Course Number _____

Graduate or Undergraduate _____

Number of Semester Credits Offered _____

Institution Offering Course _____

Institution Granting Credit _____

- Is this course part of a degree program already approved by the Superintendent?
 Check one: _____ Yes _____ No
 - If the answer to the above question is 'no', is this course, in your estimation, germane to your teaching assignment? _____ Yes _____ No
 - During which semester do you plan to enroll for this course? _____
 - Which school year? _____
 - Is this a seminar/workshop? _____ yes _____ no
 - Length of seminar or workshop _____
 (days and hours per day)
-

Teacher's Signature _____

Building: _____ Date: _____

	Signatures	Approved	Disapproved
Principal/Supervisor			
Human Resource Director			
Superintendent			