



Olympia C.U.S.D. #16



College Coursework Pre-Approval Form

Please fill out form electronically, then print, sign, and send to Ami Lawson at the District Office. This must be completed for each course prior to taking the course in order to receive a salary increase as outlined in the Licensed Employee Compensation Plan. A teacher shall be compensated upon completion of pre-approved university or college coursework in the teacher's teaching field, or that fulfills the requirements for an additional endorsement, or a Master's, Specialist, or Doctoral Degree. Pre-approved workshops may also be accepted if within the area of teaching assignment, for which university or college credit is received, or if it fulfills a degree, or endorsement requirement. The district may approve coursework that is deemed by the administration to be beneficial to the students the staff person instructs, and from institutions that are accredited and rigorous. The District may require a teacher to provide evidence of the accreditation and rigor of the course, such as course syllabus. The coursework salary increase will be added to the individual base salary of the employee in the year following completion of the courses. Each fall, the district will review the coursework from the previous summer, spring, and fall to determine the number of courses completed. Transcripts documenting the completion of approved coursework must be turned in **no later than September 10** annually.

Teacher name:

Home base:

Date of submission:

Current teaching assignment:

University:

Course #	Course Title	# Hrs	Semester and Year	Brief Description of Course

This/these course(s) is/are required for an advanced degree in:

Teaching and Learning Curriculum/Instruction Educational Administration Special Education Other: _____

Signature of teacher: _____

By signing this form, I verify the classes listed above are not the same, nor similar, to courses which I have previously taken.

For district office use only

Approved Amount of Salary Increase Approved upon verified completion: _____ Not Approved Reason: _____

Signature of Assistant Superintendent: _____ Date: _____