

Beresford School District #61-2
 INTENT / VALIDATION OF EDUCATIONAL ADVANCEMENT

The **intent** of educational advancement must be submitted to the superintendent's office in writing **on or before June 1st**. **Written validation** of such educational advancement (including **official transcripts**) must be in the superintendent's office **by September 1st**.

Name: _____

Date: _____

Current Education Level:

- BA
- BA+12
- BA+24
- MA
- MA+12
- MA+24
- Specialist/Doctorate

Proposed Education Level:

- BA
- BA+12
- BA+24
- MA
- MA+12
- MA+24
- Specialist/Doctorate

Credits to be used toward educational advancement (official transcripts must be attached)

Date of Course	Course Prefix (EDAD, EDER, etc.)	Course Number	Course Name	University	Credits

BA+12	\$500
BA+24	\$500
MA	\$1000
MA+12	\$600
MA+24	\$600
Specialist or Doctorate (but not both)	\$1200