

DWIGHT PUBLIC SCHOOLS DISTRICTS #230 & #232

The DWIGHT SALARY SCHEDULE and MASTER CONTRACT stipulate that the request for approval of courses to meet the requirements of the Salary Schedule and Board Policy 5.190 **Certification** shall be in writing.

I would like to submit the following course(s) to be taken from _____
 _____ for approval to meet the requirements of the Dwight
 Salary Schedule and/or Board Policy 5.190 Certification.

Course Number	Course Title	Credit Hours		Semester	
		C.E.U.	Under Grad	Grad	Scheduled
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Faculty Signature

The above course(s) have been (accepted) (not accepted) to meet the increment requirements of the Salary Schedule and/or Board policy 5.190 Certification.

Full Credit _____ Half Credit _____ Quarter Credit _____

Date

Superintendent's Signature

Submit in Duplicate

4/23/2001