

New Berlin C.U.S.D. #16  
**APPLICATION FOR COURSE (CREDIT) APPROVAL  
 FOR DISTRICT SALARY SCHEDULE CONSIDERATION**

As per the District #16 salary schedule, the Principal, Superintendent and/or the Board of Education must approve any course taken for advancement on the salary schedule. Therefore, please complete this form in its entirety and file with the Superintendent (30) thirty days prior to course enrollment. This will give ample time for evaluation and a decision as to the application of the completed course to the District #16 salary schedule. A copy will be returned to the teacher before the expiration of the (30) days showing approved or disapproved. **If credits received advance you on the salary schedule, you must turn in official transcripts to the superintendent's office no later than October 1st in order to receive payment for that school year. Following course completion, all transcripts must be turned into the district office, within one calendar year after the course is taken, even if you do not advance on the salary schedule in order to receive those hours.**

**\*\*If requesting tuition reimbursement, please submit *Professional Workshop Payment Request Form* after completion of the course along with proof of completion with a grade of B (or its equivalent) or higher as stated in Article 5.2 of the collective bargaining agreement \*\***

TEACHER MAKING APPLICATION \_\_\_\_\_

NAME OF UNIVERSITY OFFERING COURSE \_\_\_\_\_

PROOF OF UNIVERSITY AND PROGRAM ACCREDITATION PROVIDED YES  NO

COURSE TITLE\* \_\_\_\_\_ COURSE # \_\_\_\_\_  
*\*Attach a copy of course description*

DATE COURSE BEGINS \_\_\_\_\_ DATE COURSE ENDS \_\_\_\_\_

NUMBER OF CREDIT HOURS \_\_\_\_\_ PER SEMESTER  OR PER QUARTER

DESCRIBE BRIEFLY THE AIMS AND OBJECTIVES OF THE COURSE:  
 \_\_\_\_\_  
 \_\_\_\_\_

IS THIS COURSE IN YOUR MAJOR OR TEACHING AREA? YES  NO

GRADUATE DEGREE PROGRAM: \_\_\_\_\_

EXPECTED DATE OF COMPLETION: \_\_\_\_\_

IF NO, DESCRIBE HOW ITS COMPLETION WILL BENEFIT THE STUDENTS UNDER YOUR INSTRUCTION:  
 \_\_\_\_\_  
 \_\_\_\_\_

TEACHER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

|                                   |                                      |                                |            |
|-----------------------------------|--------------------------------------|--------------------------------|------------|
| <b>For Office Use Only:</b>       |                                      |                                |            |
| Approved <input type="checkbox"/> | Disapproved <input type="checkbox"/> | Principal Signature _____      | Date _____ |
| Approved <input type="checkbox"/> | Disapproved <input type="checkbox"/> | Superintendent Signature _____ | Date _____ |