MITCHELL SCHOOL DISTRICT NO. 17-2

GRADUATE CREDIT APPROVAL FORM

_____   _____

(Name)   (Date)

GRADUATE CREDIT APPROVAL – FOR SALARY SCHEDULE PLACEMENT
ONE SCHOOL PER SHEET PLEASE

Course #	Course Title	Graduate Credits	When Taken

Credit Issued from _____
(Name and Location of University or College)

Completion of this credit will qualify me for a lane change: _____ Yes
                                                                                                 _____ No
                                                                                                 _____ Not sure

****

PRINCIPAL: **SUPERINTENDENT:**

_____ Recommend Approval   _____ Recommend Approval

_____ Denied   _____ Denied

Date: _____   Date _____

_____   _____

(Signature)   (Signature)