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 (Name of University):

_____for approval to meet the

requirements of the Dwight Salary Schedule and/or Board Policy 5.190 Certification.

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

_____ _____

Faculty Name (Please Print) **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.

 # Of Credits Needed for Lane Movement _____

***Date of Anticipated Lane Movement* _____/_____/_____**

****Payment for mid-year lane movement will begin prior to actual lane movement, in anticipation of course completions. Payment will begin with the new contract year in September preceeding course completion in December/January.*

*****Failure to complete course(s) by March 1st may result in repayment of funds to the District.**

_____ _____

Date Superintendent's Signature

Submit in Duplicate 2/3/2023