COURSE APPROVAL FORM

DATE:	
TO:	
FROM:	
In accordance with the Master Contract, I request your apfurther my professional growth in my teaching area(s).	pproval to take the following course(s) which will
Course Date:	
Course Name:	
School/University:	
# of Graduate Credit Hours:	
Is this course taken during the contract day?	Yes No
If this course is taken during the contract day, or during ti the district, has it been designated by the superintendent movement on the teacher salary schedule? (1/2 of total credits must be in the subject area of teacher's field(s) Advancement on the salary schedule must be graduate credit hours	t as a course whose credits can be applied toward Yes No of classroom instruction for advancement)
I understand that full approval is contingent upon my progrades to verify successful completion of this course(s).	oviding the Central Office with an official transcript of
I also understand that unless approved by the superinten WILL NOT be approved for movement on the salary sched	
The district will not give credit twice for the same course. It is your responsibility to determine if the state will grant	
Signature of Employee	Date
Shaun Kruger, Superintendent	 Date

Approval of this course does not signify automatic advancement on the salary schedule.

Refer to the Master Contract: Article VII – Advancement to Higher Educational Lane on the Teacher Salary Schedule