



GRADUATE CREDIT APPROVAL FORM

(For Advancement on Salary Schedule)

Employee Name: _____ **Building:** _____ **Date:** _____

Present Degree: Bachelors Masters Doctorate **Present Credit Hour Total:** +9 +18 +27 +36 (MA)+45

IMPORTANT: All courses being taken for credit to be translated into the context of the salary schedule must be pre-approved. Please refer to Article IV, Section E. (Horizontal Movement) of the Negotiated Professional Agreement to review the requirements. Proof of successful completion (official transcript reflecting a passing grade) of all pre-approved courses intended for salary advancement must be submitted annually, as applicable, to the Superintendent's Office by **September 1st** in order to be counted towards salary increment.

Please submit this form with a copy of the course catalog description to the Superintendent's Office at least 2-weeks prior to taking the course. Upon approval, a signed copy will be returned via email for your personal records.

Institution	Term/Year	Course#	Course Title	Credit Hours

Are the courses part of an approved program? Yes No

If yes, please indicate program/area: _____

If no, please list your reasons why courses should be approved for advancement:

Approved Denied Date: _____

Superintendent