## TEACHERS' GRADUATE CREDIT PRIOR APPROVAL APPLICATION

TEACHER: If you are a regular education K-6 classroom teacher, submit this form to your principal. If you are a secondary or special area teacher, submit this form to your assistant coordinator/coordinator. This form must be received by your principal or assistant coordinator/coordinator **no later than the starting date of the course**.

NAME	DATE SUBMITTED		
DEPARTMENT	BUILDING		
COURSE #	COURSE TITLE		
# OF CREDITS STAR	RTING DATE COMPLETION DATE		
NAME OF COLLEGE OR U	NIVERSITY		
METHOD OF COURSE DEL	ON VII	LINE	JIRED)
TEACHER: You must attach following contract requiremen	_	raduate level course that meets	one or more of the
Course is required towa	rd certification in teache	r's field.	
Course is in methods, to	chniques, or philosophy	of education.	
Course is toward an adv	anced degree in the teac	her's major.	
Course is related to the	teacher's subject area.		
Course is an administra matriculation.	ive course commencing	after 9/24/07 and I am submitti	ing proof of
Course is an administra matriculation.	ive course commencing	after 9/24/07 and I have previo	usly submitted proof of
Recommend Do Not Recor	nmend		
	Principal/Assistant Co	oordinator/Coordinator	Date
Approved Not Approved			
	Office of Human Res	ources	 Date

Note: Salary increases for approved graduate courses are subject to the B+60/M+60 salary cap.