

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 _____ STARTING DATE _____ COMPLETION DATE _____

NAME OF COLLEGE OR UNIVERSITY _____

METHOD OF COURSE DELIVERY _____ CLASS (CAMPUS BASED)
 _____ ONLINE
 _____ VIDEO
 _____ OTHER (EXPLANATION REQUIRED)

TEACHER: You must attach evidence that this is a graduate level course that meets one or more of the following contract requirements (check one or more):

_____ Course is required toward certification in teacher's field.

_____ Course is in methods, techniques, or philosophy of education.

_____ Course is toward an advanced degree in the teacher's major.

_____ Course is related to the teacher's subject area.

_____ Course is an administrative course commencing after 9/24/07 and I am submitting proof that no later than 5/22/14 I am matriculated in a program that leads to administrative certification.

_____ Course is an administrative course commencing after 9/24/07 and I have previously submitted proof that no later than 5/22/14 I am matriculated in a program that leads to administrative certification.

Recommend Do Not Recommend

_____ _____ _____
Principal/Coordinator/Assistant Coordinator/Assistant Director Date

Approved Not Approved

_____ _____ _____
Office of Human Resources Date

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