## 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 director/director. This form must be received by your principal or assistant director/director **no later than the starting date of the course**.

NAME	DATE SUBMITTED		
DEPARTMENT	BUILDING		
COURSE #	COURSE TITLE		
# OF CREDITS STAF	RTING DATE	COMPLETION	N DATE
NAME OF COLLEGE OR U	NIVERSITY		
METHOD OF COURSE DE	O V		
TEACHER: You must attack one or more of the following			aduate level course that meets
Course is required tows	ard certification in teach	er's field.	
Course is in methods, t	echniques, or philosoph	y of education.	
Course is toward an ad	vanced degree in the tea	cher's major.	
Course is related to the	teacher's subject area.		
Course is an administra than 5/22/14 I am matriculate			bmitting proof that no later ation.
Course is an administrathat no later than 5/22/14 I an			previously submitted proof ative certification.
Recommend Do Not Recomm	end		
	Principal/Director//As	sistant Director	Date
Approved Not Approved	_		
	Office of Human Reso	ources	Date

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