

APPROVAL FORM FOR GRADUATE COURSE CREDIT

TO: SUPERINTENDENT OF SCHOOLS

FROM: _____ / _____
Teacher's Name Signature

DATE: _____

I would like to register for the graduate course indicated below and am requesting approval for that course to be credited toward my accumulated graduate hours for advancement on our salary schedule when successfully completed. My transcript will be provided to confirm completion.

College or University: _____

Course Number & Name: _____

Credit Hours: _____ (Please attach a copy of the course description)

Semester: _____ Starting Date: _____

I am interested in taking this course because it relates to my current role in education as follows:

*****FOR CENTRAL OFFICE USE*****

This course is **approved/denied** for credit toward your salary advancement.

If credit is denied, the reason is: _____

Superintendent's Signature: _____ Date: _____

TO: Teacher Requesting Approval
FROM: Superintendent of Schools

*Please sign, date, and return a copy of this approval when you have **successfully completed** this training.*

Teacher's Signature: _____ Date: _____