Date:_____________________  Name:_______________________________________________________

Your Assigned School:_______________________________ Class/Grade Assignment:___________

1.__________________________________________________________ #Graduate Credits:___________
2.__________________________________________________________ #Graduate Credits:___________
3.__________________________________________________________ #Graduate Credits:___________

TYPE OF INSTRUCTION:

ON LINE ONLY ☐  BLENDED (ONLINE/FACE) ☐  FACE-TO-FACE SEMESTER ☐

School/Location course will be taken:____________________________________________

Time Period for Course Completion: _____________________ Cost/course:__________________________

University and credits earned applied towards fulfillment of the requirements of which of the
following (check all that apply):

Master’s Degree ☐  Annual Increment ☐  CAGS ☐

Doctorate ☐  Salary Column Change ☐  Tuition Payment ☐

Note: Teachers checking Master’s, CAGS, or Doctorate Program must be fully matriculated
students (officially accepted by college/university into specified program), otherwise, courses
may not be approvable. All approved course must be completed within the current contract year.

*Tuition payment limited to college/university granting credit

*Please attach course description including course level, institutional name and location*

This above graduate course or courses are ☐ are not ☐ recommended

Date:______________ Principal’s Signature:_____________________________________________________

Date:______________ Assistant Superintendent’s Signature:_____________________________________

Date:______________ Superintendent’s Signature:______________________________________________

Regardless of approval, all courses must be taken in accordance with the appropriate provisions of
the current Teachers Contract.

1/2015