

**REQUEST FOR APPROVAL OF GRADUATE COLLEGE CREDIT
FOR SALARY INCREMENT**

Name _____ Date submitted _____

Position _____ Building _____

Years in the district _____ Degree held _____

From what college/institution _____

Degree working toward _____

Graduate Course(s):

Name of Graduate Course	# Credit Hours	Term/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Graduate Hours Requested: _____

From what college/institution will classes be taken? _____

Upon course completion, official transcripts must be received at Central Office from the college for proper review of salary increment. The current year deadline will be at 4PM on the first business day of September at CO.

----- To be completed by Central Office -----

_____ Approved # of credits Approved _____

_____ Denied

Superintendent's Signature _____

Date _____