**COURSE APPROVAL** - MUST BE OBTAINED in accordance with provisions of applicable collective bargaining agreements. Complete top portion and send to Supervisor/Division Director for approval prior to course attendance.

- Course is being taken for:  
  - [ ] Certification  
  - [ ] Additional degree and/or course work
- Present certification status:  
  - [ ] Uncertified  
  - [ ] Provisional  
  - [ ] Permanent
- Course #’s 500 or > are considered graduate classes

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<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Institution</th>
<th>Credit Hours</th>
<th>Semester Month / Year</th>
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Brief course description(s):

How will the course(s) help to improve your teaching skills?

Employee’s Signature

Date

Supervisor:  
- [ ] Approval  
- [ ] Disapproval

Supervisor’s Signature

Date

Director:  
- [ ] Approval  
- [ ] Disapproval

Asst. Supt. / Director’s Signature

Date

**SALARY ADJUSTMENT REQUEST** - To be filled out after course is completed and send to the office of District Superintendent.

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Proof of satisfactory completion of course work must be provided (official transcript is required as evidence). Submit no later than Sept. 30 if course is taken during the summer or 2nd semester prior year – Feb. 28 if taken in fall semester.

Masters’ degree earned with coursework?  

I hereby claim an adjustment of _________ hours

Certification status after coursework:  
- [ ] Uncertified  
- [ ] Provisional  
- [ ] Permanent/Professional

(employee transcript may or may not have impact on salary)

Employee’s Signature

Date

Superintendent:  
- [ ] Approval  
- [ ] Disapproval

Superintendent’s Signature

Date

Received by Human Resources (date):  

Salary adjustment made (date):  

Revised 11/2015