

PRE-APPROVAL FOR CREDIT BEYOND MASTER'S DEGREE

SUBMIT TO: Tara Fox, Director of Curriculum

I request that I be granted pre-approval for credit on the salary schedule beyond the Master's Degree for the following graduate course(s), which I plan to take during the _____ semester, 20_____.

Course #	Title	Institution	Hours (Sem / Qtr)

Courses listed above meet the requirements checked below:

- ___ 1. It is in the field in which I am teaching. I teach _____.
- ___ 2. It is needed to better prepare me for an activity or other responsibility, which has been assigned to me in the school. (Please indicate activity / responsibility).

- ___ 3. My taking the course will directly benefit the school system as follows:

- 4. I am enrolled in a program leading to a 6 Year Specialist Certificate Yes ___ No ___
- 5. I am enrolled in a program leading to a Doctorate Degree Yes ___ No ___

Explanation, if any _____

Submitted by: _____ Signature: _____
(Please PRINT name)

Building: _____

Date: _____

DATE APPROVED _____ 20____

DATE DISAPPROVED _____

Explanation (if disapproved) _____

Signature: _____
(Director of Curriculum)