

Policy No: 407.02 El
Adopted: 3/9/2015
Revised

Request for Approval of College Credit For Salary Schedule Advancement

Teachers Name: _____

I would like to request approval of the following course:

- **Course Name:** _____
- **Course No.:** _____
- **College:** _____
- **When taken:** _____

Why I feel this course should qualify for advancement on the salary schedule:

Description of the course:

Signature of Teacher: _____ **Date:** _____

Signature of Principal: _____ **Date:** _____

Approved: _____ **Disapproved:** _____

Signature of Superintendent: _____ **Date:** _____

Approved: _____ **Disapproved:** _____