

Lompoc Unified School District
COURSES TO BE TAKEN FOR SALARY CREDIT

Name (Print): _____ Date: _____

School: _____ Job Assignment: _____

I plan to enroll in the following courses and request approval of the Review Committee for salary credit.

			Action of Committee
1.	Course # _____	Course Name _____	#1. Approved _____
	College _____	Date Offered _____	Disapproved _____
	Reason for Taking _____		
2.	Course # _____	Course Name _____	#2. Approved _____
	College _____	Date Offered _____	Disapproved _____
	Reason for Taking _____		
3.	Course # _____	Course Name _____	#3. Approved _____
	College _____	Date Offered _____	Disapproved _____
	Reason for Taking _____		
4.	Course # _____	Course Name _____	#4. Approved _____
	College _____	Date Offered _____	Disapproved _____
	Reason for Taking _____		
5.	Course # _____	Course Name _____	#5. Approved _____
	College _____	Date Offered _____	Disapproved _____
	Reason for Taking _____		
6.	Course # _____	Course Name _____	#6. Approved _____
	College _____	Date Offered _____	Disapproved _____
	Reason for Taking _____		
7.	Course # _____	Course Name _____	#7. Approved _____
	College _____	Date Offered _____	Disapproved _____
	Reason for Taking _____		
8.	Course # _____	Course Name _____	#8. Approved _____
	College _____	Date Offered _____	Disapproved _____
	Reason for Taking _____		