REQUEST FOR CREDIT APPROVAL FORM

_____ _____ _____
Employee's Name Location Date

Instructions

- Enter in the table below information about each course you propose taking. Use the list of criteria below to determine which number (s) to put in the last column.
- Present this form to your building principal for approval. Your principal will return the signed form to you.
- Upon completion of the course, attach the original of this form to the transcript or completed clock hour form and submit to the district personnel office. Keep the yellow copy of the approval form for your records. For placement on the salary schedule, this documentation must be provided by September 10th of each school year.

Date/Term	Institution Provider	Course # and Title	#Credits or Clock Hours	Applicable Criteria # (see Below)

Recognition Criteria: Credits earned after September 1, 1995, must meet criteria established by the 1995 Legislature before they can be used for placement on LEAP salary allocation documents. At the time credits are recognized by the school district, the content of the course must meet at least one of the following criteria:

1. It is consistent with the school district's strategic plan for improving student learning.
2. It is consistent with a school-based plan for improving student learning developed under student learning improvement block grants for the school in which the individual is assigned.
3. It pertains to the individual's current assignment or expected assignment for the following school year.
4. It is necessary for obtaining endorsement as prescribed by the state Board of Education.
5. It is specifically required for obtaining advanced levels of certification.
6. It is included in a college or university degree program that pertains to the individual's current assignment or potential future assignment as a certificated instructional staff of the school district, where the potential of the future assignment is agreed upon by the school district and the individual.

I approve all of the above courses:

_____
Principal/Admin Designee Signature Date

I approve the above courses with the exception of:

_____
_____

_____
Principal/Admin Designee Signature Date

FOR DISTRICT OFFICE USE ONLY: