Course Credit Pre-Approval Form

Name _____ Subject or Grade _____

1. Criteria

Credits to be considered for application of any lane of the salary schedule:

- Must be germane to the teaching assignment as determined by the school district. Teachers pursuing additional licensure relevant to K12 education will be accepted.
- Must be graduate-level
- Entrance into a Master's degree program must be preapproved with a degree plan on file.
- Must be obtained from an accredited institution and accepted by that institution within its own graduate-level programs
- Online courses may be considered, but only if they include interactive instruction with a qualified instructor through email, chat, or direct communication.
- Credits earned through self-study are not eligible.
- To receive approval, the applicant must submit the course description/syllabus which details the format of the course, including expected assignments, grading procedures, and time expectations.
- Credits for lane changes are based on the quarter system. The formula for converting semester credits is semester credits x 1.5 = quarter credits.

2. Final Authorization to Personnel File

Credits will be awarded after an official transcript certifying completion of a course, when a grade of "B-" or higher, has been received in the District Office. Credit approval indicates approval as to the course being germane to teaching assignment.

3. Procedure for Course Approval

a) Fill out the backside of this form and **attach a copy of the course description/syllabus which details the format of the course, including expected assignments, grading procedures, and time expectations,** and submit to the Human Resources Office before taking class(es).

b) District Office will determine approval of credits for applying to lane change on the salary schedule.

c) If it is approved, the original form will be kept on file in the District Office. A copy of the signed approval will be given to you.

d) This procedure must be followed **prior to** taking college courses!!

COMPLETE REVERSE SIDE

College or University	Name of Course	Course Number	Number of Quarter Credits	Semester or Quarter/Year

In what way(s) do you feel each course is germane to your teaching assignment? If more than one course is listed, please explain each.

☐ **APPROVED**

☐ **DENIED**

Comments

Superintendent Signature

Date