



Continuing Education Course Approval Form

**Submit at least ten (10) days before registration closes AND before registering.
Send completed form to the Deputy Superintendent of Human Resources.**

For requests involving a degree program, endorsement program, or coursework proposed for a Continuing Education Increase under the Collective Bargaining Agreement (Appendix A, App. A.2). Prior course approval is not final salary-advancement approval.

EMPLOYEE AND PROGRAM INFORMATION

Employee Name _____ Date Submitted _____

Assigned School & Position _____

College / University _____

Program / Degree / Endorsement Sought _____

Course Start Date(s) _____ Expected Completion Date(s) _____

CURRENT CREDENTIALS AND PROPOSED STUDY

1. Do you currently hold a Master's degree? ☐ Yes ☐ No Area: _____

2. Do you currently have an ELL/ESL endorsement? ☐ Yes ☐ No

3. Do you have a Reading Teacher endorsement or Reading Specialist degree? ☐ Yes ☐ No

4. Do you hold an Instructional Technology Specialist endorsement? ☐ Yes ☐ No

5. Is this a full degree program? ☐ Yes ☐ No Degree: _____

If not, is the proposed coursework eligible to count toward a master's, doctoral,

or educational specialist degree? ☐ Yes ☐ No ☐ Pending verification

6. Is this an endorsement program? ☐ Yes ☐ No Endorsement: _____

If yes, does the endorsement coursework also qualify as graduate credit toward

an advanced degree? ☐ Yes ☐ No ☐ Pending verification

EDUCATIONAL RATIONALE AND IMPLEMENTATION

If the requested study is outside the previously identified degree/endorsement areas, explain why it is being pursued.

What professional-learning goals will affect student achievement, and how will the study support them?

How does the degree, endorsement, or coursework align with district initiatives?

How will you share learning with peers or your school? Discuss the plan with your principal.

COURSE ELIGIBILITY CONFIRMATION (EMPLOYEE / INSTITUTION)

- ☐ Coursework is graduate-level and carries graduate academic credit.
- ☐ Credits are eligible toward a master's, doctoral, or educational specialist degree.
- ☐ Offering institution meets the regional-accreditation requirement.
- ☐ An identified instructor of record is responsible for instruction, evaluation, and individual participant feedback.
- ☐ Instructor provides individualized written feedback to each participant.

Instructor of record / contact (if known) _____

COURSEWORK COMPLETION DATE & TRANSITIONAL REVIEW

- ☐ Coursework completed before July 1, 2026.
Coursework completed before July 1, 2026, will be reviewed under the applicable Collective Bargaining Agreement, district policies, and approval requirements governing the coursework. Such coursework is not subject to the additional eligibility requirements established by PA 104-0795 for coursework completed on or after July 1, 2026. Previous district approval, official transcripts, and other documentation may be required to establish eligibility for salary advancement.
- ☐ Coursework completed on or after July 1, 2026.
Coursework completed on or after July 1, 2026, must satisfy the applicable requirements of PA 104-0795, including verification of graduate-level, degree-eligible credit, institutional accreditation, official transcript documentation, and instructor-of-record qualifications and responsibilities.
- ☐ Coursework has not yet been completed.

HR Determination

- ☐ Pre-July 1, 2026 coursework: Review under applicable prior requirements.
- ☐ Post-July 1, 2026 coursework: PA 104-0795 verification required.
- ☐ Additional documentation required.
- ☐ Referred for further review.

REQUIRED DOCUMENTATION

Before Enrollment

- ☐ Current educator license record (ISBE ELIS).
- ☐ Official university course description, including course number, title, and credit hours.
- ☐ University verification of graduate-level, degree-eligible credit and applicable instructor-of-record requirements, or equivalent official institutional documentation.

After Course Completion

- ☐ Official academic transcript showing completed coursework and credits.
- ☐ Additional institutional documentation, if requested to verify eligibility.

For Coursework Completed Before July 1, 2026

- ☐ Official transcript or other acceptable completion record.
- ☐ Prior approval documentation, if applicable.
- ☐ Additional documentation required under the applicable CBA or district policy.

PRINCIPAL REVIEW

Principal Signature _____ Date _____

Planned semester hours this school year _____ (CBA maximum: 15 semester hours per teacher per school year.)

HUMAN RESOURCES REVIEW AND DECISION

Pre-Enrollment Review

- ☐ Approved for enrollment
- ☐ Denied
- ☐ Pending additional documentation

Final Salary Advancement Verification

- ☐ Approved for salary advancement under applicable requirements
- ☐ Not approved
- ☐ Pending additional documentation or review

Deputy Superintendent of HR signature _____ Date _____

Important: Pre-enrollment approval does not guarantee salary advancement. Final eligibility is determined by the district in accordance with Illinois School Code Section 24-8.2, the applicable Collective Bargaining Agreement, and district policy.

Form Distribution: Teacher • Principal • Business Department



University/Institution Verification

To be completed by an authorized representative of the college or university.

The institution certifies that the following statements are accurate for the coursework identified in this request.

ACADEMIC ELIGIBILITY

- ☐ The course awards graduate-level academic credit.
- ☐ The credit may be applied toward a master's, educational specialist, or doctoral degree.
- ☐ The institution is regionally accredited.
- ☐ The completed coursework and credits will appear on an official academic transcript.

INSTRUCTOR OF RECORD

- ☐ An instructor of record has been assigned to the course.
- ☐ The instructor is a credentialed educator holding a master's degree or higher.
- ☐ The instructor is academically qualified to teach the course and has demonstrated experience in the course content area.
- ☐ The instructor provides substantive instructional support throughout enrollment.
- ☐ The instructor evaluates participant work.
- ☐ The instructor provides individualized written feedback aligned with course objectives.

INSTITUTION CERTIFICATION

I certify that the information provided above is accurate based on the institution's academic records, policies, and course requirements.

Institution Representative: _____

Title / Department: _____

Email / Phone: _____

Signature: _____ Date: _____

Institutional verification documents academic eligibility only. Final determination of salary advancement remains with the school district in accordance with applicable law and the Collective Bargaining Agreement.