

UNION COMMUNITY SCHOOL
REQUEST FOR APPROVAL OF GRADUATE COURSE CREDITS FORM

Submit to the Superintendent of Schools

Dated Filed _____

TEACHER _____

As per *Application for Salary Credit*, in the Union CSD Employee Handbook, I am requesting that, upon satisfactory completion of the courses listed below, the graduate credits be applied toward an Education Training Lane change.

I am requesting to be advanced from lane _____ to lane _____.

Institution offering course: _____

	Course Number	Course Name	Semester Hours
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Brief Description of Course Content: _____

Teacher Signature: _____

☐

Approved

☐

Disapproved

Date: _____

Superintendent: _____

UNION COMMUNITY SCHOOL

Transcript Submission for Salary Advancement

A copy of your official transcript must accompany this form and must be received in the District Office not less than ten days prior to the September payroll date to have the lane change effective for the current year.

Name of Institution: _____

Course Title	Hours	Date Completed

Number of hours of applicable graduate credit completed: _____

Teacher Signature: _____

Date: _____

Superintendent Signature: _____

Date: _____

Signature of Superintendent indicates approval of lane change and notification of that change to the Board Secretary.