

CONTINUING EDUCATION CREDIT
REQUEST FORM

Employee Name: _____ Date of Application: _____

College: _____

Course Number and Title: _____

Credit Hours: _____ Graduate Course: Yes / No

Anticipated Course Completion Date: _____

Course description: _____

Reason for taking the course: _____

Current salary schedule placement (BA, BA+12, BA+24, MA, MA+12, MA+24): _____

Additional credit hours earned beyond current placement: _____

Projected salary schedule placement (including these newly acquired hours): _____

Superintendent's Signature

Date of Approval

(You must furnish an official transcript from the college allowing the credit.)