

COURSE APPROVAL CARD

Name: _____ School: _____

Current Salary Level: 4 _____ 4 1/2 _____ 5 _____ 5 1/2 _____ 6 _____ 6 1/2 _____ 7 _____

Course Title: _____

Course Level: _____ Graduate _____ Undergraduate

Semester: _____ Spring _____ Summer _____ Fall Year: 20____

Institution: _____

Instructor: _____

Value in Graduate Credits: _____

COURSES & CREDITS SUBJECT TO VERIFICATION BY TRANSCRIPT

Approval Requested Toward: Level Change _____ Reimbursement _____

Principal's Comment/Signature: _____

Date: __/__/__

Administrative Signature: _____ Date: __/__/__

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