



## CREDIT APPROVAL FORM

Teacher's Name: \_\_\_\_\_

**The Master Contract States:**

"Subd.1. Germane: All credits counted for salary schedule credit must have the prior written approval of the Superintendent or his/her designee with right of appeal to the Superintendent."

College/University: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Attendance Dates: \_\_\_\_\_

Number of Credits: (Semester) \_\_\_\_\_ (Quarter) \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal's signature

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent's or Designee's signature

**Official transcripts must be submitted to the District Administration Office prior to a lane change being made.**

Adopted: August 1979  
Revised: March 2004