CREDIT APPROVAL FORM

(Must complete for each course prior to enrollment)

Teacher's Name:		
reacher's name.		

The Master Contract States:

"Subd.1. Germane:	All graduat	e semester ci	redits count	ed for sal	ary schedu	le credit 1	nust be
germane to the licer	nsure or teach	ning assignme	ent as detern	mined by	the School	District an	nd have
prior written appro-	val of the S	<u>uperintendent</u>	or his/her	<u>designee</u>	with right	of appeal	to the
Superintendent."							

College/University:	
Course Number:	
Class Title:	
Course Attendance Dates:	
Number of Semester Credits:	
Approved:	Date:
Principal's signature	
Approved:	Date:
Superintendent's signature	
Please provide a transcript, letter or verification signed by	the professor, grade report, or

Please provide a transcript, letter or verification signed by the professor, grade report, or other evidence of qualified graduate credits to Lisa Ahrenstorff at the District Administration Office no later than 4:00 p.m. on August 25th for proper salary schedule placement. To finalize the approval of graduate credits, an official transcript must be filed in the office of the Superintendent of Schools no later than January 1st of the school year. If you have questions or need further clarification regarding lane changes, please refer to your Teacher Master Agreement, Article VI, Section 4.