

VALDEZ CITY SCHOOL DISTRICT
 Course Approval Request For Salary Advancement

Certified
 Classified

Name: _____ Position: _____

Date: _____

COURSE NUMBER	NO. OF CREDITS & LEVEL	COURSE TITLE AND DESCRIPTION	DATES OF COURSE	COLLEGE/ UNIVERSITY

*Use additional sheets as necessary.

Additional Comments: _____

Course Approval Criteria:

Courses taken for advancement horizontally on the salary schedule must conform with the following criteria:

- a) Administered by an accredited college or university.
- b) Cannot be taken more than once.
- c) Must be in the teaching assignment of teacher, or area of certification, recommended as part of the teacher's plan of improvement, approved professional growth plan, or other approved graduate or upper division courses.
- d) In-Service and/or courses provided by the School District are allowable, if they meet the other conditions of this section.
- e) Official transcripts and requests for horizontal advancement must be made to the Business Office in writing by September 1.

Building Administrator: _____ Date: _____ Yes No

Superintendent: _____ Date: _____ Yes No

Reason Course Denied: _____

Revised 8/04

Personnel File Copy

Principal Copy

Employee Copy