

Application for Approval of Salary Advancement

(Please attach Green Course Pre-Approval Form)

Beyond BA column: All courses must be from an accredited college or university.

- _____ Are credit hours for a Masters Degree in Ed. Admin?
- _____ Are credit hours for a Masters Degree in Guidance?
- _____ Are credit hours for a Masters Degree in your assigned or related teaching area?
- _____ Are credit hours for completion of an additional endorsement? Area _____
- _____ If you are currently completing a Master's Degree, are these credit hours not included in your degree plan?

Beyond MA column: All courses must be from an accredited college or university.

- _____ Are credit hours classified as graduate level courses?
- _____ Are credit hours for completion of an additional endorsement? Area _____

Please provide the following information:

How many graduate hours does your Masters' Degree require for total completion? _____

If you plan to move a lane on the salary schedule (BA to BA+16, etc.), this Application for Approval of Salary Advancement form must be submitted along with an official school transcript:

prior to September 1st for September 15th salary adjustment and

prior to March 1st for March 15th salary adjustment.

**COURSE REIMBURSEMENT - INFORMATION & TRANSCRIPT DUE BY MAY 31ST
(Hours beyond MA are not eligible for reimbursement unless qualified under Area II - shortage)
Reimbursement requested for:**

- _____ course work up to BA +16 (Area I)
- _____ course work up to MA (Area I)
- _____ course work to meet state requirements (Area I)
- _____ course work in a severe shortage area for course work up to and including MA in your content area (Area II)
- _____ course work for a second Masters' Degree/Endorsement in a severe shortage area (see "shortage area" paragraph --formal agreement) (Area II)

Name of College/University _____

Name/# of Course _____ Credit Hours _____

Name/# of Course _____ Credit Hours _____

Name/# of Course _____ Credit Hours _____

Name/# of Course _____ Credit Hours _____

Signature of Applicant: _____

Date of Application: _____

Total Credits Approved for Reimbursement: _____

Reimbursement Denied- reason: _____