

9/10/01

Berkley Public Schools

Teacher Course Credit Request to Superintendent

(CBA Section VII,D,E, Superintendent Guidelines 9/5/96, & BTA Agreement of 9/1/94)

Be sure to consult the Superintendent Guidelines.

Teacher Name (print) _____

Highest Degree _____ Current Salary Schedule Lane _____

Request approval for the following:

_____ Course Title Name of College/University

Requesting: # of Credits: _____ # of Contact Hours: _____

Type of Credit:

- _____ Increment
 - _____ Lane Change & Increment
 - _____ Graduate Credit Lane Change & Increment*
- (*Please provide evidence that this is a graduate-level course.)

Date(s) & Time of Course: _____

Location of Course: _____ During Paid School Time? __ Yes __ No

Additional information helpful to this request:

I will be requesting reimbursement of \$ _____

Teacher Signature

Date

For Office Use Only

Above course request:

- _____ Approved for increment
- _____ Approved for Lane Change & Increment
- _____ Approved for Graduate Credit Lane Change & Increment
- _____ The materials and/or the activity does not qualify under the CBA and Guidelines for Increment or Lane Change Credits.

Signature of Superintendent Date