THIS FORM TO BE SUBMITTED TO THE ASSISTANT SUPERINTENDENT FOR CURRICULUM AND INSTRUCTION FOR APPROVAL ONLY AFTER *ALL* COURSES HAVE BEEN COMPLETED.
NOTE: PROPER DOCUMENTATION OF COURSES MUST BE ATTACHED.

DOCUMENTATION OF REQUEST FOR SALARY SCHEDULE ADVANCEMENT

NAME: _____ DATE: _____

POSITION: _____ SCHOOL: _____

1. REQUESTING ADVANCEMENT TO (circle one): MASTERS M+15 M+30 M+60 M+90

2. PRESENT DEGREES HELD (ex: B.S. in Education, MA in Math), COLLEGE OR UNIVERSITY THAT AWARDED DEGREE(S), DATE AWARDED (include month), AND TOTAL CREDITS:

DEGREE	COLLEGE OR UNIVERSITY	DATE	CREDITS

3. LIST ALL COURSES WHICH WILL MAKE YOU ELIGIBLE FOR THE ADVANCEMENT CIRCLED IN #1 ABOVE.

COURSE NO.	COURSE TITLE	COLLEGE/OTHER	TERM/YEAR	CREDITS

4. TOTAL NUMBER OF CREDITS YOU BELIEVE MAKES YOU ELIGIBLE FOR THE ADVANCEMENT CIRCLED IN #1 ABOVE: _____

Approved: _____ Date: _____
Derek Folan, Assistant Superintendent