

APPENDIX - G

Dakota Valley School District 61 – 8

GRADUATE CREDIT APPROVAL FORM

Teacher Name: _____ Date: _____

Grade/Subject Taught: _____

Current Salary Placement: BA BA+15 MA MA+15 MA+30

Section 1: RE-CERTIFICATION CLASSES - Please provide the following information for every graduate class you intend to enroll, prior to registration in the class.

Course Name: _____ Number of Credits: _____

Institution: _____ Date Class Begins: _____

How will this class improve your teaching abilities, or advance your knowledge in your area of certification?

Section 2: DEGREE PROGRAM - Please attach an approved list of courses you plan to complete for this program of study.

Degree Program: _____ Number of Credits: _____

Institution: _____

Advisor Name: _____

Start Date: _____ Anticipated Completion Date: _____

You will only need to complete this form once if you attach the approved list of courses.

Approved: _____ Not Approved: _____ Date: _____

Superintendent Signature: _____