

**UNION COMMUNITY SCHOOL**  
**REQUEST FOR APPROVAL OF GRADUATE COURSE CREDITS FORM**

Submit to the Superintendent of Schools

Dated Filed \_\_\_\_\_

TEACHER \_\_\_\_\_

As per *Application for Salary Credit*, in the Union CSD Employee Handbook, I am requesting that, upon satisfactory completion of the courses listed below, the graduate credits be applied toward an Education Training Lane change.

I am requesting to be advanced from lane \_\_\_\_\_ to lane \_\_\_\_\_.

Institution offering course: \_\_\_\_\_

	Course Number	Course Name	Semester Hours
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Brief Description of Course Content: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Approved

Disapproved

Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_

**UNION COMMUNITY SCHOOL**

**Transcript Submission for Salary Advancement**

**A copy of your official transcript must accompany this form and must be received in the District Office not less than ten days prior to the September payroll date to have the lane change effective for the current year.**

**Name of Institution:** \_\_\_\_\_

<b>Course Title</b>	<b>Hours</b>	<b>Date Completed</b>

**Number of hours of applicable graduate credit completed:** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Superintendent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Superintendent indicates approval of lane change and notification of that change to the Board Secretary.**