

(Submit in duplicate form – one copy will be returned to you and the original will be placed in your personnel file.)

**REQUEST FOR APPROVAL OF GRADUATE COLLEGE CREDIT FOR SALARY INCREMENT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Position Held in Moberly Public Schools \_\_\_\_\_

Number of years in the district \_\_\_\_\_

Degree held \_\_\_\_\_ From \_\_\_\_\_ College

Degree working toward \_\_\_\_\_

Name of Graduate Course \_\_\_\_\_ Credit Hours \_\_\_\_\_

\_\_\_\_\_ Credit Hours \_\_\_\_\_

\_\_\_\_\_ Credit Hours \_\_\_\_\_

\_\_\_\_\_ Credit Hours \_\_\_\_\_

Total Graduate hour requested \_\_\_\_\_

From what college/institution will classes be taken? \_\_\_\_\_

Upon course completion, transcripts must be received in CO from college for proper review for salary increment. The current year deadline will be at 4PM on the first business day of September at CO.

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**FOR OFFICE USE ONLY**

# OF CREDITS APPROVED \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

DENIED \_\_\_\_\_ DATE \_\_\_\_\_