

SCHOOL DISTRICT OF COLBY
Application for Recognition of Graduate Credit or Professional Practice Goals

All Professional Growth must be submitted for prior approval to receive compensation.

Name: _____ Date: _____

A) REQUEST FOR GRADUATE CREDIT

Full Title of Course: _____ Course Number: _____

Number of Credits: _____ Name of College/University: _____

- | | |
|--|--|
| <input type="checkbox"/> Undergraduate | Course will be taken (Choose One): |
| <input type="checkbox"/> Graduate | <input type="checkbox"/> In residence |
| | <input type="checkbox"/> By Extension |
| | <input type="checkbox"/> By Correspondence |
| | <input type="checkbox"/> Online |

Course will begin on: _____ And terminate on: _____

This course request aligns with my professional practice goals, or building/department goals.
Will the district, in any way, provide financing for this course, i.e., room, board, fees, etc? If so, please indicate below:

*Requests for credits must be approved before June 15th AND Official Transcripts must be submitted prior to January 31st for payment in the current fiscal year.

B) PROFESSIONAL PRACTICE GOAL COMPLETION

Brief Description/Activities: _____

Summative Evaluation Completion Date: _____ * *Requests for PPG must be made before June 15th*

Administrative Approval:

I have reviewed individual/department/building goals. The professional growth aligns with written professional practice goals.

Supervisor/Principal's Signature: _____ Date: _____

Comments:

Superintendent's Signature: _____ Date: _____

- This **course** will qualify me for an annual compensation increase of \$750.
- This **PPG** will qualify me for an annual compensation increase of \$750.