

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

**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 31<sup>st</sup> for payment in the current fiscal year.

**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 \$1,250.
- This PPG will qualify me for an annual compensation increase of \$1,000.