

INDEPENDENT SCHOOL DISTRICT #511  
ADRIAN, MINNESOTA

GRADUATE CREDIT APPROVAL REQUEST FORM

This form is to be used for obtaining pre-approval for graduate level courses that are to be used toward salary schedule advancement. It is the teacher's responsibility to seek pre-approval for any course not CLEARLY meeting the requirements stated in the Master Agreement.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Present Teaching Assignment

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Present Salary Lane

**Course Description(s):**

<u>College</u>	<u>Course Number</u>	<u>Title or Description Of Course</u>	<u>Number of Graduate Credits</u>	<u>Starting Date</u>
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\_\_\_\_\_  
Teacher's Signature

**Supplemental Information:**

Pre-Approval Granted

Pre-Approval Denied

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date