

GRADUATE COURSES FOR CREDIT

Staff Name: _____

Date: _____

Course Title: _____

Date of Course: _____

Course No.: _____

Place Course Taken: _____

Description of course and how course meets District Outcomes:

Signature of Building Principal

Signature of Staff Member

Date Approved/Not Approved (circle one)

Superintendent of Schools

Number of Graduate Hours Earned: _____

WHEN COURSE IS COMPLETED attach proof of hours earned (grades) to this sheet and forward to the District Office. This sheet along with proof must be filed by October 1 for first semester and February 15 for second semester.

PAYMENT will be made when above criteria is met and proof is submitted with this form.

OFFICE USE ONLY

Proof Filed _____

Previous Salary _____

Hours to Date _____

Increment _____

Hours Approved _____

Effective Date _____

Superintendent of Schools

Wellsville Central Schools

- 1-Staff member copy
- 2-Building principal copy
- 3-District Office copy

Exit Outcomes

- Cooperative Learners
- Self-directed Achievers
- Life Long Learners
- Involved Citizens
- Effective Communicators
- Global Citizens
- Technologically Aware Citizens
- Cultural Participants
- Critical Thinkers