

KANELAND COMMUNITY UNIT SCHOOL DISTRICT NO. 302

REQUEST FOR PRE-APPROVAL OF GRADUATE CREDIT

(Please complete this form prior to starting coursework.)

Date: _____

Name: _____
Last First M.I.

Provider: College/University/R.O.E./District/Other (Circle One)

Provider's Name: _____

Course No. (if applicable): _____ Title: _____

No. of *Semester Credits _____

No. of IDISC _____

Brief Description of Course: _____

Date Course Begins: _____ Date Course Ends: _____
(Required) (Required)

For this course, I would like: ___ graduate credit.
(Check all that apply) ___ ***in-district credit (limited per the KEA contract) or ___ stipend
___ NIU tuition waiver.

This course (___ will) (___ will not) change my horizontal position on the salary schedule.

*All course credits need to be in the form of semester credit hours. Quarter hours are converted to semester hours by taking quarter hours x 2/3.

Important: Once the course is completed and grades have been posted, official transcripts must be forwarded to the Educational Services Department in the District Office before credit is awarded and salary increases, if apply, adjusted.

APPROVAL

Principal's Signature

Date

Director of Educational Services

Date

Submit original to the Building Principal. Following the Director of Educational Services approval, copies will be returned to the following:

1 - Business Office

1 - Staff Member

1 - Principal