BOARD OF COOPERATIVE EDUCATIONAL SERVICES

Hamilton-Fulton and Montgomery Counties
2755 State Highway 67
Johnstown, NY 12095

APPLICATION FOR APPROVAL OF GRADUATE/IN-SERVICE COURSES FOR SALARY CREDIT

NAME: _____ DATE: _____

COLLEGE OR UNIVERSITY ATTENDING: _____

ARE YOU MATRICULATED FOR A DEGREE AT THE GRADUATE LEVEL? _____

WHAT DEGREE? (MA, MS, etc.) _____

WHAT IS YOUR FIELD OF CONCENTRATION? _____

ARE THESE COURSES REQUIRED FOR CERTIFICATION IN YOUR PRESENT POSITION? _____

WORK TO BE TAKEN DURING (please check)

SPRING _____
SUMMER _____
FALL _____

APPROVAL FOR THE FOLLOWING COURSES FOR SALARY PURPOSES IS REQUESTED:

COURSE NO.	COURSE TITLE	CREDIT/CONTACT HOURS

(Proof of successful completion of the above courses must be supplied before salary adjustment can be made by the Board of Education. In the case of approved courses completed between February 1 and September 1, full credit for the following school year will be granted; approved coursework completed in the fall semester, prior to February 1, will be granted half credit for that school year, changing to full credit the following year.)

APPLICATION DATE: _____

TOTAL NUMBER OF GRADUATE HOURS COMPLETED TO DATE: _____

PROOF OF COURSE COMPLETION DATE: _____

APPROVED: _____
Supervisor

RECORDED: _____
Business Office

APPROVED: _____
Chief Executive Officer

- The original of this form must be filed **prior** to the taking of courses for salary credit. You will be notified of approval or disapproval.
- Course approvals will normally be given only for required coursework leading to permanent certification in the appointed teaching area.
- **COURSES TAKEN WITHOUT PRIOR APPROVAL WILL NOT BE CONSIDERED FOR SALARY PURPOSES.**