

**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**

\*The original form must be filed **prior** to taking the courses for salary credit. You will be notified of approval or disapproval.\*

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 will be granted for the following school year; for approved coursework completed in the fall semester, prior to February 1, half credit will be granted 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: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
Supervisor

APPROVED: \_\_\_\_\_  
Deputy Superintendent

RECORDED: \_\_\_\_\_  
Admin Office

- 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 CREDIT PURPOSES.**