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:		D A	ATE:	
COLLEGE O	R UNIVERSITY ATTENDING:			
ARE YOU MA	ATRICULATED FOR A DEGREE A	AT THE GRADU	JATE LEVEL? _	<u> </u>
WHAT DEGR	REE? (MA, MS, etc.)			
WHAT IS YO	UR FIELD OF CONCENTRATION	?		
ARE THESE CO	DURSES REQUIRED FOR CERTIFICATION	ON IN YOUR PRE	SENT POSITION? _	
WORK TO BI	E TAKEN DURING (please check)	SPRING	SUMMER	FALL
APPROVAL FO	OR THE FOLLOWING COURSES FOR	SALARY PURPO	SES IS REQUEST	ED:
COURSE NO.				CREDIT/CONTACT HOURS
In the case of app	sful completion of the above courses must be proved courses completed between February rsework completed in the fall semester, price lowing year.)	1 and September 1	, full credit will be g	ranted for the following school year;
APPLICATION	N DATE:			
TOTAL NUMI	BER OF GRADUATE HOURS COMP	LETED TO DAT	TE:	
PROOF OF CO	DURSE COMPLETION DATE:			
EMPLOYEE S	IGNATURE:			
APPROVED:	Supervisor			
APPROVED:	•		Component Distri	ct Services
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.