

Rockford Area Schools
Prior Approval for Coursework
(As per Article VI in Master Agreement)

Teacher's Name: _____ Date of Request: _____

Approval of the following course(s) to be taken is requested.

Course #:	Course Title:	Number of Semester Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Credits for lane changes are based on the semester system The formula for converting quarter credits to semester credits is taking the # of the quarter credits and divide by 1.5 =semester credits.)

Level (Circle One): Graduate Undergraduate Workshop

College, University, or Institution Name: _____

Dates Offered: _____ Semester Quarter (Circle One)

How is this course applicable to your current teaching or coaching assignment? *(Credits to be considered for application of any lane in the salary schedule must be germane to the teaching assignment as determined by the school district.)*

Salary schedule advancement will not be given for duplicate coursework.

Disclaimer: This is not a duplication of previous coursework.

Applicant's Signature: _____

Approved: _____ Not Approved: _____

If not approved, reason:

Superintendent's Signature

Date