



STERLING PUBLIC SCHOOLS

Where kids achieve!

PROFESSIONAL GROWTH APPROVAL FORM

This form must be completed and approved prior to taking any course that will be used for salary credit. Please review Article VI - Professional Growth, in the current contract before completing the form.

NAME: _____ DATE: _____

POSITION: _____ SCHOOL: _____

1. Are you pursuing a graduate degree? Yes _____ No _____

If yes, you must have your approved graduate program on file before more than 15 credit hours beyond the previous degree will be approved for placement on the salary schedule.

2. How many semester hours do you expect to earn for this course? _____

3. Have you taken training which this course duplicates? _____

4. How many semester hours do you have beyond the BA _____ MA _____?

5. College or University: _____

Semester or Dates of Course: _____

Title and Number of Course: _____

6. Please give a brief description of the course:

7. Please give a brief explanation of the reason you are taking this course:

Approval is hereby given to the Professional Growth Committee to review my transcript of credits, past requests for approval of additional training or any other information contained in my personnel folder which may assist in the processing of this application.

Signature: _____

GRADUATE PROGRAM ON FILE: Yes _____ No _____	FOR OFFICE USE ONLY
CURRENT SALARY SCHEDULE PLACEMENT: _____	
NUMBER OF HOURS EARNED BEYOND CURRENT SALARY SCHEDULE PLACEMENT: _____	
NUMBER OF HOURS PREVIOUSLY APPROVED FOR CURRENT SEMESTER: _____	
Only 6 hours per semester can be approved for salary credit.	
APPROVED OR DISAPPROVED	_____
	Authorized Signature Date