

**COMPENSATION REQUEST FOR GRADUATE HOURS**  
**from an accredited college or university**  
(Complete this form and submit to the Superintendent for approval)

I, \_\_\_\_\_, request graduate credit compensation for the following:  
*(print name)*

Course \_\_\_\_\_ taken at \_\_\_\_\_  
*(title of course)* *(college or university)*

from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ credit hours (1 graduate credit = 1 credit hour)  
*(beginning date)* *(ending date)*

I have attached a copy of my college/university transcript or grade report as required for verification.

\_\_\_\_\_  
*(teacher's signature)*

\_\_\_\_\_  
*(date)*

1. The amount of compensation shall be determined per the Agreement between the Byron-Bergen Central School District and the Byron-Bergen Faculty Association.
2. Requests for graduate credit must be accompanied by an official institute verification (transcript or grade report) with the course title and number of graduate credits.
3. If graduate credit hours are turned in during the second semester of the year, one-half credit will be given during that year and full credit during the following years.

-----  
(office use only)

\_\_\_\_\_ hours credit approved by \_\_\_\_\_ on \_\_\_\_\_  
*(Superintendent's signature)* *(date)*

\_\_\_\_\_ hours credit given by \_\_\_\_\_ to begin on payroll of \_\_\_\_\_  
*(payroll personnel's signature)* *(date)*