

BYRON-BERGEN CENTRAL SCHOOLS
REQUEST FOR GRADUATE HOUR(S) CREDIT
PRIOR APPROVAL

Submit this completed form and course description to the Superintendent for approval.

Name: _____ **Today's Date:** _____

Title of Program: _____

Date(s) of Course *(beginning & end):* _____

Number of Service Clock Hours*: _____ **College/University Name:** _____
**1 graduate credit = 1 credit hour*

Please discuss below how this course will enhance your content knowledge and/or instructional ability:

NOTES:

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.

Teacher's Signature

Date

Approval: **Yes** **No**

Superintendent's Signature

Date

Original given back to employee. Copy to be given to Payroll/Attendance for notification purposes.