

PLEASE COMPLETE THIS FORM IN **DUPLICATE**, RETURN BOTH COPIES TO THE SUPERINTENDENT'S OFFICE ***PRIOR*** TO ANY COURSE OR WORKSHOP BEGINNING.

## **INCREMENT APPROVAL FORM**

TEACHER NAME \_\_\_\_\_ DATE \_\_\_\_\_

COURSE(S) I AM INTENDING TO TAKE **NEXT SEMESTER** AND USE FOR SALARY ADJUSTMENT

<u>COURSE NUMBER</u>	<u>COURSE NAME</u>	<u>GRADUATE CREDITS</u>	<u>COLLEGE</u>	<u>DATE YOU INTEND TO TAKE COURSE</u>

COURSE DESCRIPTION:

HOW WILL COURSE(S) IMPROVE INSTRUCTION?

DATE \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

BY: \_\_\_\_\_