

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> |
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COURSE DESCRIPTION:

HOW WILL COURSE(S) IMPROVE INSTRUCTION?

DATE _____ APPROVED _____ DISAPPROVED _____

BY: _____