

PLEASE COMPLETE THIS FORM IN **DUPLICATE**, RETURN BOTH COPIES TO THE **KIM BOYEA**
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

COURSE NUMBER	COURSE NAME	GRADUATE CREDITS	COLLEGE	DATE YOU INTEND TO TAKE COURSE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COURSE DESCRIPTION:

HOW WILL COURSE(S) IMPROVE INSTRUCTION?

DATE_____APPROVED_____DISAPPROVED_____

BY:_____