

PORT JERVIS PUBLIC SCHOOLS

Port Jervis, N.Y. 12771

PRIOR APPROVAL OF GRADUATE COURSES FOR SALARY CREDIT

(For courses taken after February 1, 1976)

1. Teachers will submit forms in triplicate to the Principal at least three weeks before the course begins. The Principal and Superintendent of Schools will evaluate the requests. Upon approval, the forms will be returned to the Principal.
2. The Principal retains one copy of the form for the teacher's personal file.
3. The teacher receives two copies: one copy for personal file and the second copy is to be attached by the teacher, along with an official college transcript, to the Salary Adjustment Claim Form.
4. Payroll adjustments will be made twice a year: Oct. 1 and/or Feb. 1
5. **CRITERIA FOR APPROVAL:**
 - a. The purpose of this program is to improve a teacher's classroom performance through study directly related to classroom needs and teaching skills development.
 - b. The course must be accepted by an accredited college for graduate credit and meet commonly accepted standards for graduate work.
 - c. In-service course work must be sponsored by the District or approved through this process. Course work sponsored by the District does not require prior approval forms.

NAME _____ DATE SUBMITTED _____

1. College/institution offering the course _____
2. Title _____ Course Number _____
3. Describe the course content _____

4. Start Date _____ End Date _____
5. Number of Meetings _____ Total # of Class Hours _____
(15Hrs.=1 credit)

6. Where will course meet? _____
7. Starting and ending time each day _____
8. Who will teach course? _____
9. Is this course in subject field you are presently teaching? _____
10. Is this part of the required course of study for a Masters/Doctoral Degree? _____
11. How will the course improve your classroom performance? _____

12. Total credits (college courses and inservice) which are now included in your yearly salary computation (Include all other credits preceding) _____
The maximum number of credit hours allowed in the salary computation is 90.

I HEREBY AFFIRM THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE

SIGNATURE OF TEACHER _____

DATE _____

APPROVED _____

NOT APPROVED _____

PRINCIPAL _____

DATE _____

APPROVED _____

NOT APPROVED _____

SUPERINTENDENT'S OFFICE _____

DATE _____

NEW CREDIT TOTAL _____

Revised 9/88

(Original for Central Office, pink for employee (with extra copy) and yellow to teacher's home school).