

MITCHELL SCHOOL DISTRICT NO. 17-2
GRADUATE CREDIT APPROVAL FORM

_____ (Name) _____ (Date)

GRADUATE CREDIT APPROVAL – FOR SALARY SCHEDULE PLACEMENT

Course #	Course Title	Graduate Credits	When Taken

Credit Issued from _____
(Name and Location of University or College)

Completion of this credit will qualify me for a lane change: Yes
 No
 Not sure

PRINCIPAL:

Recommend Approval
 Denied

Date: _____

(Signature)

SUPERINTENDENT:

Recommend Approval
 Denied

Date _____

(Signature)