

6. I have verified that the proposed university course(s) qualify as academic credits as they are part of coursework requirements for a program of study leading to a degree from an accredited university. In addition, I have also verified that the proposed academic credits are in **education** and/or in **my subject area of teaching**.

TEACHER SIGNATURE

DATE

SUPERINTENDENT APPROVAL

My endorsement of this approval form and the attached completed reclassification form confirm that:

- I have reviewed the attached materials and fully support this request
- I confirmed that the proposed academic credits are in education and/or in their subject area of teaching from an accredited university
- I determined the proposed academic credits are aligned with our school district's goals

SUPERINTENDENT SIGNATURE

DATE

SUPERINTENDENT DENIAL

The Superintendent of Schools denied approval for the following reasons:

SUPERINTENDENT SIGNATURE

DATE

Please note: The teaching staff member may appeal such denial to a Hearing Committee consisting of two Association members and two Board members. The decision of the Hearing Committee shall be final, binding, and not subject to the grievance procedure.