

CERTIFICATED PERSONNEL

LANCASTER SCHOOL DISTRICT
HUMAN RESOURCES SERVICES
APPROVAL OF COURSE WORK FOR SALARY SCHEDULE PLACEMENT

To be submitted for approval by the Professional Growth Committee four (4) days prior to the meeting. Committee meets approximately the third (3rd) Monday of every month – schedule posted at each site. If **MASTERS PROGRAM**: Do not list all courses, state: Masters in Course Description area and attach Masters Program schedule of courses. The committee will consider the entire program. ****One copy will be returned to you showing action by the Committee. That copy is then to be attached to FORM 200 at the time it is submitted for movement on the salary schedule.**

UNITS FROM ACCEREDITED INSTITUTIONS ONLY.

NAME _____

DATE _____

SCHOOL _____

GRADE _____

Course Number	Number units	Sem. or Qtr.	Name of College or University	COURSE TITLE	Lower Division	MASTERS	CREDENTIAL Requirement	Professional Growth	Completion Date

COURSES MUST BE DIRECTLY APPLICABLE TO THE APPLICANT'S TEACHING AREA OR FOR ADDING AUTHORIZATION OR SUPPLEMENTAL TO THE CREDENTIAL.

YOUR CURRENT CREDENTIAL? _____

REMEMBER to state Clear, Professional Clear, Probationary, One year non-renewable or Emergency

Examples: Emergency Multiple Subject Clear Single Subject in Math

Are these courses for an authorization/supplement to your credential? _____

APPROVAL RECOMMENDED BY:

Approved by the Professional Growth Committee:

Building Principal

BY: _____

DATE: _____

NOTE: This form MUST include a copy of course description or bulletin for each course listed. THE UNIVERSITY AND NUMBER OF UNITS MUST BE ON THE COURSE DESCRIPTION.