



# Deposit Central School District

## Course Approval Form - Graduate Credit

**NOTE: This form must be received in the Superintendent's Office at least 10 days prior to the start of the course. Approval will be granted at the discretion of the superintendent.**

**NOTE: This form must be received in the Superintendent's Office at least 10 days prior to the start**

Name: \_\_\_\_\_  
*First* *Last*

College/University: \_\_\_\_\_

Course Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Course ID: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Semester:  Fall  Spring  Summer

\_\_\_\_\_  
*Employee's Signature* *Date*

Approved:  Yes  No

\_\_\_\_\_  
*Superintendent's Signature* *Date*

### Confirmation of Completion

Course Completed:  Yes  No

Grade: \_\_\_\_\_

Date Transcript Received: \_\_\_\_\_ **\*\* Official Transcripts Required.**

Credit Increase scheduled for:  September  February

### Salary Adjustment Authorization

Approved:  Yes  No

\_\_\_\_\_  
*Superintendent's Signature* *Date*