

**REQUEST FOR APPROVAL OF ONLINE COURSES**

(Article XVI --- Compensation --- Section A. page 35)

*Attach proof for each of the following areas:*

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

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_

*(Please include the Course description from the College/University)*

- \_\_\_\_ Graduate Level                                 Yes                 No
- \_\_\_\_ Nationally accredited institution            Yes                 No
- \_\_\_\_ Institution recognizes the course for credit at the institution     Yes     No
- \_\_\_\_ The course work bears some direct relationship to the teacher’s job field (s)  
                                    Yes                 No
- \_\_\_\_ The teacher presents evidence of successful completion of the course

\_\_\_\_\_ Date expected       \_\_\_\_\_ Date Received *(HR Use)*

\_\_\_\_\_  
Certified Staff (Please Print)          \_\_\_\_\_  
Department                                 \_\_\_\_\_  
Campus   \_\_\_\_\_  
Date

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In accordance with the professional negotiations agreement, your request for approval of online courses:

\_\_\_\_\_ Has met the conditions of the agreement  
\_\_\_\_\_ Has not met the conditions of the agreement  
*(Schedule meeting with HR)*

\_\_\_\_\_  
Superintendent/Designee   \_\_\_\_\_  
Date

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*HR Use only*  
\_\_\_\_\_  
Horizontal movement salary schedule   Date       \_\_\_\_\_

Cc: Personnel File  
      Payroll                 \_\_\_\_\_ Date