MANTECA UNIFIED SCHOOL DISTRICT

**CERTIFICATED COURSE APPROVAL FOR SALARY ADVANCEMENT**

NAME:       DATE:

WORK SITE:       SUBJECT OR GRADE LEVEL:

**Please Read ALL Instructions:**

1. Fill form out completely
2. Attach supporting materials (course description, brochure, syllabus, etc.)
3. Submit the form to your site administrator for approval signature\*\*
4. Turn form in to the Personnel Dept. for final approval
5. Complete all coursework by **AUGUST 31** of current school year
6. Submit Official Transcripts to Personnel on or before **NOVEMBER 1** to receive salary credit for that school year

**Important Information to Keep in Mind:**

* You cannot enroll in courses until after you have been approved
* You must obtain course approval for **all** conferences and training (including those offered by the District).
* Only District-sponsored courses may be taken twice for salary advancement (restrictions apply).
* Course approvals for established programs (masters, intern, etc.) may be submitted under one Program Approval for Salary Advancement form. Changes in course numbers or titles need to be updated with a new course approval form.
* **Failure to meet timeline**: Acceptable coursework taken without prior approval will be subject to a one-year delay in salary advancement credit.
* Only units paid by the employee during conferences or trainings **with prior approval** will be accepted

\*\*District administration may approve the course if the site administrator is unavailable  
**----------------------------------------------------------------------------------------------------------------------------------**

**Course Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Course Number | Course Title | | | College or University | | |
|  |  | | |  | | |
| Dates of Attendance | | Time | # of Quarter/  C.E.U. Units | | # of Semester Units | Is this a repeat course? |
| to | | From       am/pm  To       am/pm |  | |  | Yes No |

**1. This class is (please circle):**

Independent Study Distance Learning Correspondence Course Internet Video Instruction In-Class with Instructor  
Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Is this institution a regionally accredited college or university?**  Yes  No

**3. Registration paid by**:  Employee  District

**4.** **Units paid by**:  Employee  District  
**5. Is class scheduled during district-paid time?** Yes  No

**6. Is this course required for a degree, credential, supplementary authorization, or other?**   Yes  No   
(If yes, please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **FOR ADMINISTRATIVE USE ONLY**  I certify that the course requested meets the District requirements for credit and will be beneficial to the teacher's current or future assignment. Approved Disapproved Date  Site Administrator:  Director of Certificated Personnel: |

***Please forward form with administrative signature and program schedule to Personnel Department, District Office.***