

HAMILTON COMMUNITY CONSOLIDATED SCHOOL DISTRICT NO.328

**APPLICATION FOR APPROVAL OF
ADVANCED DEGREE OR ADDITIONAL CERTIFICATION**

1. Name
2. Grade level/subject area of teaching
3. Attendance Center
4. Highest degree obtained
5. Description and course number of proposed courses:

Course #	Course Name	# of Hrs.	Movement on Salary Schedule	Tuition Reimb.	Superintendent Approval
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
6. Advanced degree or additional certification sought
7. Name of college/university providing the course
8. Total cost per semester: Fall_____ Spring_____ Summer
9. I understand that in order to qualify for tuition reimbursement, the grade of AB@ or higher is required.
10. I understand that 90% reimbursement will be at the Illinois Public University rate.
11. I **will/will not** be moving horizontally on the pay schedule during the next school term if the course work is successfully completed.
12. I understand that in order to qualify for salary advancement, I must submit an official transcript to the Superintendent by September 1, indicating all pre-approved courses.

Date:_____

Signature of Teacher:

Date:_____

Signature of Principal:

Date:_____

Signature of Superintendent:

_____ Approved

_____ Not Approved

