

UPPER DIVISION COURSE WORK

Name _____ Position _____ School _____

Grade(s)/Subject(s) taught _____

Credential Type _____ Expires _____

Credentialed areas authorized to teach: _____

To the applicant: Please refer to Certificated Contract: Article 13, Salaries and Welfare Benefits, Sub Sections 13.2.5, 13.2.6 and 13.2.8 for specifics regarding course approval.

Title of course _____ Course # _____

Accredited College/University offered through _____

Date course begins _____ Date course ends _____

Days _____ and hours From _____ To _____ class is scheduled to meet.

M-T-W-Th-F-Sat

Total hours class is scheduled to meet _____ On-line course? ___Yes ___ No

Number of semester units _____

Check appropriate line: Continuing education ___ Upper division work ___ Lower Division work ___

Please indicate reason for taking course: _____

On reverse of form, please provide a detailed description of course content and how it will be relevant to your teaching. (Attach a separate page if necessary.)

The CTA-NEA contract language addresses lower division coursework guidelines. They are as follows: 13.2.6 - Lower division courses will be acceptable (Article 13.2.7) only in cases where an employee is in or has accepted an assignment in an area for which he/she has not met the requirements for a credential.

School Administrator's signature
Date _____ Recommends: Approval ___ Disapproval ___

If duplication of previous source content, indicate reason for taking course:

Submit this form to the Personnel Office prior to taking any lower or upper division or continuing education course work. The Professional Standards Committee will review your request and make recommendations regarding the applicability of your request. The Committee meets monthly during the school year. **Those submitting this application after the course work has been completed must accept the fact that those units may or may not be approved to apply towards advancement on the salary schedule.**

The Professional Standards Committee recommends:

District Administrator's signature Approval ___ Denial ___ Date _____