

MOUNTAIN HOME PUBLIC SCHOOLS
GRADUATE COURSEWORK APPLICATION

Please complete form and return to your building principal/supervisor for signature

Name _____ Date _____

Building _____ Position _____

Experience in District _____ Total Teaching Experience _____

Highest Degree _____ Current Position on Salary Schedule _____

Current Area (s) of Certification _____

Course Number	Course Title or Description	Semester Hours	Institution	Beginning Date	Completion Date

Reason for taking course(s): _____

Are all semester hours above for graduate courses? _____ Yes _____ No

Will the above advance you on the salary schedule _____ When? _____

If yes, what would be your new salary schedule placement? _____

Signature of Teacher

_____ Approval recommended _____ Approval not recommended

Date Principal /Supervisor Signature

_____ Approval recommended _____ Approval not recommended

Date Superintendent/Assistant Superintendent Signature