

INDEPENDENT SCHOOL DISTRICT #2358

Karlstad, Minnesota 56732

Undergraduate/Graduate Credit Approval Form

Date: _____

Name: _____

Faculty Member

University: _____

Course Name: _____

Course Number: _____

Date/s Enrolled: _____

Date Completed: _____

Semester Credits: _____

Are these Graduate or Undergraduate Courses? _____

Upon completion (including transcript) the semester credits can be used for lane changes on the current salary schedule if all requirements are met. A transcript of qualified credits will be considered September 1 or January 15 of each year.

Please let the office know if you don't take your undergraduate/graduate credit course.

Superintendent Signature