

**Independent School District #2358  
Karlstad, MN 56732**

Undergraduate/Graduate Credit Approval Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

*Faculty Member*

University: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Semester Credits: \_\_\_\_\_

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*