

# Graduate & Undergraduate Credit Approval

**Tri-County  
School**

Faculty Member Name: \_\_\_\_\_

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

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 on 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: \_\_\_\_\_