Lexington Public Schools
Lexington, Massachusetts

Date _____

Credits Beyond the Masters Degree*
Approval Form

_____	_____	_____
Teacher	School	Grade/Subject

I request approval of the following course(s) to be taken during the _____semester of 20_____
(Include name of graduate institution, course title and number, number of credits and brief course description)

I recommend this course and that it be approved for salary credit.

Principal / Department Head / Supervisor Date

Approved for credit

Director of Human Resources Date

Please Note - when course is completed, a transcript must be sent to the Human Resources Office for consideration of salary credit.

*Please read Policy and Administrative Procedures