

GRADUATE CREDIT EQUIVALENCY REQUEST FORM

Port Washington-Saukville School District

Prior to completing this form, staff members are asked to review the procedures and requirements outlined in Administrative Guideline 3120.02 - Credit for Advanced Graduate Coursework.

Name of Staff Member: _____ Date: _____

Present Position: _____ School Building: _____

Request related to (check one): ☐ Approved Teacher Specialist I or II Plan ☐ Approved Teacher Specialist Plus Plan

COURSE TITLE	COURSE OFFERED BY	SEM/YEAR	CREDITS*

****A general rule is that 15 hours of coursework = 1 graduate credit***

Describe how the knowledge gained by taking the course is transferrable to the classroom and aligned to the District's areas of focus, culturally-responsive Tier I instruction, and/or Professional Learning Communities (attach additional sheets if necessary):

Indicate which method of documentation you will provide upon completion of the course to demonstrate how you will transfer your learning into your instructional practice upon completion of the course:

☐ Copy of In-Class Presentation ☐ Reflective Summary

STAFF MEMBER SIGNATURE DATE

INITIAL COURSE APPROVAL: *Initial course approval must be obtained prior to taking the course.*

PRINCIPAL SIGNATURE DATE

SUPERINTENDENT OR DESIGNEE SIGNATURE DATE

FINAL APPROVAL: *Upon the completion of the course, please re-submit this original signed approved form with your credit equivalency learning documentation attached.*

NUMBER OF (EQUIVALENT) GRADUATE CREDITS RECORDED: _____

SUPERINTENDENT OR DESIGNEE SIGNATURE DATE