

CLAREMORE PUBLIC SCHOOLS

APPLICATION FOR ABOVE DEGREE PAY INCREASE

1. What do you teach? _____

2. Date of latest degree _____ Circle One
 Bachelors Masters

3. Were you alternative certified? No ___ Yes ___ Date _____

4. Date course was completed _____

5. Did you receive a stipend or reimbursement for attending the class/course? Yes ___ No ___

6. Name of institution attended _____

7. Please identify the course(s) by name, number and description.

Course Name	Number	Description	Hours

8. Does this course(s) apply to your master's degree program? Yes ___ No ___

9. Does this course(s) apply toward certification? Yes ___ No ___

10. If both questions 8 and 9 were answered no, please explain why or how the course or courses will advance you as a teacher professionally or how this course(s) will strengthen you in your teaching field.

8. Please attach a copy of your official transcript to this form.

9. Highlight courses on transcript.

 Teacher's Signature

 Date

Approved by: _____

 Date