

FREDONIA USD 484
College/University Credits for Salary Schedule Increase

Information for Contract Year:

Name:

Date:

College/University:

Course Number and Title:

Dates of Attendance:

Credit Hours:

Graduate

Undergraduate

Date of Completion:

Course Description:

Comments:

Date:

Signed (*staff member*):

FOR OFFICE USE ONLY

Approved

Not Approved

Date:

Signed:

(*superintendent of schools*)