

**GRADUATE COURSE COMPENSATION REQUEST FORM**



❖ **General Information**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Assignment: \_\_\_\_\_ Location(s): \_\_\_\_\_

❖ **Course Information** *(Please list only one course per form)*

Course # \_\_\_\_\_ College/University \_\_\_\_\_ Beginning Date \_\_\_\_\_

Course Title \_\_\_\_\_ # of Credits \_\_\_\_\_

❖ **Course Objective(s)** *(Identify the District or building professional development goal(s) that this course will address)*

---

---

---

---

❖ **Course Narrative(s)** *(For each goal identified above, provide a short narrative explaining how this course will contribute to the achievement of the goal(s) and enhance student learning)*

---

---

---

---

❖ **Administrative Response** *(Questions, Concerns, Remarks)*

---

---

---

**Building Level Approval by:**

**District Level Approval by:**

\_\_\_\_\_  
*Signature – Building Level Administrator*

\_\_\_\_\_  
*Signature – Superintendent or Designee Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date