

COLLEGE CREDIT SUBMISSION FORM

The undersigned employee submits the following information in order to permit the Plymouth Shiloh Local School District to verify the degree, credit hours and placement on the salary schedule.

SECTION I

1. Name: _____
2. Do you currently hold a Bachelor's Degree? _____ or Master's Degree? _____
3. Number of semester credit hours on file prior to this submission? _____
4. College or University being submitted: _____
5. Course(s) Title: _____

6. Number of **semester** hours currently being submitted? _____
7. Number of **quarter** hours currently being submitted? _____ (please convert quarters to semesters) _____
8. Please indicate the total cost submitted for reimbursement \$_____
9. Please indicate if the course(s) submitted advance your placement on the salary schedule to
BA +15 _____ BA+30 _____
MA _____ MA+15 _____ MA+30 _____
10. If you are a certificated employee, please list all areas of your current certification:

Please attach an original transcript, an original receipt from the college or university, and a completed Tax Waiver Form.

SECTION II

I understand that I am responsible to maintain my own records regarding my transcripts and licensing information.

Signature of Employee

Date