



**Equivalent Graduate Credit  
Work Experience  
Advance Approval**

For detailed information regarding Equivalent Graduate Credit for work experience, see Article XI, Professional Compensation H.5 of the Master Agreement.  
Submit one copy of the request to the chairperson of the personnel review committee.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_

Requesting advance approval for work that will be performed during the academic year  
Sept. 20\_\_\_\_ through Aug. 20\_\_\_\_

1. Describe how this work experience will relate to your teaching responsibilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Check the semesters you will be teaching in the academic year that work experience will accumulate: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer break \_\_\_\_\_

3. Indicate approximate number of hours work experience you will gain each semester for the year indicated above: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer break \_\_\_\_\_

4. List employer's name(s) and address (es). Self-employment can not be accepted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. For department chair: I have reviewed the application and \_\_\_ recommend \_\_\_ do not recommend that equivalent graduate credit is appropriate.

Department chair's signature \_\_\_\_\_

**Committee use only**

Date Advance Application received \_\_\_\_\_

Advance Application \_\_\_\_\_ approved \_\_\_\_\_ denied

PRC chairperson \_\_\_\_\_ Date \_\_\_\_\_