



Equivalent Graduate Credit Work Experience Advance Approval

For detailed information regarding Equivalent Graduate Credit for work experience, see Article XII, 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 signature _____

Committee use only

Date Advance Application received _____

Advance Application _____ approved _____ denied

PRC chairperson _____ Date _____