

**Equivalent Graduate Credit
Final Approval**

PROFESSIONAL OR INSTITUTE COURSES

For detailed information regarding Equivalent Graduate Credit, see Article XII, Professional Compensation H.3 of the Master Agreement.

Applicant _____ **Date** _____

Department _____

Name & Date of Activity _____

Please attach descriptive brochure.

Advance Approval: Did you apply for advance approval? ___ No ___ Yes
_____ date granted

Final Approval: (Must be submitted after attending)

1. Check one of the following in regards to your professional or institute course to indicate at what ratio the request should be evaluated:

- _____ There was no formal evaluation of individual participants (45:1)
- _____ *A project using skills gained from the program was required (30:1)
- _____ *A formal written evaluation or a test was required (15:1)

2. How many hours were you in attendance? _____ Please attach agenda.

3. How many equivalent graduates' credits are you requesting? _____

4. Did you receive graduate credit for the activity from the university or institute that offered the program? ___ yes ___ no

* Proof of completion of project or of formal evaluations and/or exam should be submitted in support of these statements.

5. For Department Chairperson: I have reviewed the application and recommend ___/ do not recommend ___ that equivalent graduate credit is appropriate. **Note:** Not necessary if Department Chairperson completed recommendation on Advance Approval form.

Comments: _____

Department Chairperson's Signature _____

<p>Committee Use Only Date Final Application Received _____ Final Application: ___ Approved ___ Denied Total Credits Approved PRC Chairperson _____ Date _____</p>
