

Appendix A

BYRAM HILLS SCHOOL DISTRICT
APPLICATION FOR APPROVAL OF COURSE TOWARD SALARY SCHEDULE LANE CHANGE

PLEASE NOTE: PRIOR APPROVAL IS REQUIRED TO BE AWARDED CREDIT. Attach a copy of pages from the college catalogue, brochure, or website which include ALL the following: name of university/college or sponsoring agency, location, dates, number of sessions/hours, number of credits, etc., and detailed description of course. If all information is not included, the application will be returned and approval will be delayed.

BHSD Teacher: (please print) \_\_\_\_\_ Today's Date \_\_\_\_\_

Title of Course: \_\_\_\_\_

Name of University/College or Sponsoring Agency \_\_\_\_\_ Course # in Catalogue \_\_\_\_\_ # & Type of Credits \_\_\_\_\_

Actual Dates of Course Attendance \_\_\_\_\_ Number of Sessions \_\_\_\_\_ Hours Per Session \_\_\_\_\_

Write a brief statement concerning the relevancy of this course to your teaching position in the district:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Teacher's Signature \_\_\_\_\_ School \_\_\_\_\_ Subject/Grade \_\_\_\_\_

Principal's Approval : \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Submit to: Director of Personnel (The original signed copy of this application will be returned to the teacher. This original must be returned to the Director of Personnel after the demonstration verification section below has been signed and dated).

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_ Approved for: \_\_\_\_\_ credits. # G or I/S
Disapproved: \_\_\_\_\_ (see comments)
Comments \_\_\_\_\_

Verification Section: Verification of the new learning is required by principal, director or chairperson

Demonstration of New Learning to be COMPLETED & VERIFIED at the end of the Course :
(Choose one; subject to change by teacher after course is completed).

- Written summary - 1 to 2 pages on how learning will be applied in the classroom
Oral Presentation - review of learning with team, department, grade level or school faculty
Exhibition - sample lesson employing new learning, to which colleagues are invited

Date of Demonstration: \_\_\_\_\_ Supervisor's Initials: \_\_\_\_\_