

# Ceres Unified School District

Request for professional growth credit  
Complete one form per class



Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Current Assignment: \_\_\_\_\_

School Site: \_\_\_\_\_

College/University Name: \_\_\_\_\_

Course Number & Title: \_\_\_\_\_

Beginning Date & Time: \_\_\_\_\_ End Date & Time: \_\_\_\_\_ Course work online  Yes  No

Semester Units: \_\_\_\_\_ Quarter Units: \_\_\_\_\_

\*\*\*Please attach a course description from the university website\*\*\*

Complete section below which applies to the units above

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**Section A: For automatic approval (6 or fewer units in a semester)**

- Course work is graduate level
- Course work requires 15 hours of seat time for each semester unit (not online)
- College/University is accredited
- Course work is relevant to my current teaching assignment

*If all boxes are checked, please sign and submit to your site principal for review and then to the Personnel Department.*

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**Section B: For units not requiring approval (up to 6 units per calendar year)**

- Course work is graduate level
- College/University is accredited
- Course work is relevant to my current teaching assignment

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**Section C: For non-automatic approval**

For units not qualifying for automatic approval, please attach a rationale as to why the units should be approved. Units must be approved in advance if: *Mark all that apply*

- Course work does not require 15 hours of seat time for each semester unit (online)
- Course work is not graduate level
- College/University is not accredited
- More than 6 units are being taken during a semester

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**Signatures:**

I acknowledge that the District did not pay for nor was the course taken during the professional workday.

Teacher: \_\_\_\_\_ Date \_\_\_\_\_

*My signature certifies that the information on this document is true and accurate*

Site Administrator: \_\_\_\_\_ Date \_\_\_\_\_

*Please review the information on this form before signing*

Superintendent/Designee: \_\_\_\_\_ Date \_\_\_\_\_

- Verified Section A or B
- Approved Section C
- Not Verified/Approved-Rationale: \_\_\_\_\_

For units not approved, employee may appeal in writing by submitting a request to the TEPS Committee.



## **COURSE DESCRIPTION AND RATIONALE FORM**

**Teacher's Name** \_\_\_\_\_

**Course No. and Title** \_\_\_\_\_

**A. Give a brief course description of the class to be taken:**

**B. Give a brief rationale as to why the course is being taken and how it will increase your knowledge of content and/or teaching competencies:**