AMHERST CENTRAL SCHOOL DISTRICT

College Credit Hours for Salary Purpose

Please check all appropriate categories, since the input will assist the principal's evaluation.

Teacher's Name			
Title of Course:		Dept.	No.
Institution/BOCES:		Inservice	Other
No. of Semester credits		Date of completion (Mo/Yr)	

1) **REQUIRED FOR CERTIFICATION:**
   - ☐ The course described above is a professional course required for certification (e.g., methodology, techniques, psychology)
   - ☐ The course described above is a subject content course required for certification in the specific subject matter field assigned or another field.

2) **REQUIRED FOR AN ADVANCED DEGREE, SIXTH-YEAR DIPLOMA OR DOCTORATE**
   - ☐ The course described above is required and/or suggested by (my) faculty advisor for completion of: ☐ Master's Degree; ☐ sixth-year program; ☐ Doctoral requirement in (my) assigned field.
   - ☐ The Course described above is required and/or suggested by (my) faculty advisor for completion of certification and/or degree in a field OTHER THAN (MY) ASSIGNED FIELD: ☐ administration; ☐ supervision; ☐ guidance; ☐ special education; ☐ audio visual; other (please state) _____

3) **OPTIONAL COURSES**
   - ☐ The course described above is a content course taken for greater intensity in the subject matter content of (my) special field of concentration.
   - ☐ The course described above is a content course taken for greater breadth of knowledge in a related field.
   - ☐ The course described above is a methods course taken for better preparation and presentation of the specific subject matter assigned.

4) **SUGGESTED (can incorporate 1, 2 or 3)**
   - ☐ The course described above was specifically recommended as a content course by: ☐ principal; ☐ assistant principal; ☐ department head.
   - ☐ The course described above was specifically recommended as a professional course in methodology, techniques, psychology, by ☐ principal; ☐ assistant principal; ☐ department head.

Teacher's Signature	**Date for Prior Approval**
Principal's Signature for prior approval	**Date for Prior Approval**
Superintendent's Signature for prior approval	**Date for Prior Approval**

SUPERINTENDENT'S SIGNATURE is required to process and authorize the course for salary credit:

Superintendent's Signature	**Date**