

Telephone 217/864-2366

Mount Zion Community Schools

email: roundcountt@mtzion.k12.il.us

Working with families to fully develop every child's ability to be a life-long learner and contributing member of society.

Graduate Hour Request Form

	Date:			
Teacher's Name:	(5	School:) requests prior p	permission
Teacher's Name:_ from the Superintendent to enroll in the	following cou	ırse(s) to be advanced	d toward his/her Salar	y Schedule.
Course Name	Course Number	University	No. Graduate (Semester) Hours)	Year & Term
PLEASE NOTE: The Superintendent v	vill return an	approval confirmation	on for the above regu	lests In order to
receive credit for graduate hours Superintendent's office with an offic course(s) of a grade B or higher. Th the salary schedule. <u>Completed grad</u> e	on the sal ial copy of the erefore, class ereports rece	ary schedule the he grade report indi ses taken Pass/Fail eived by the Superin	teacher must provicating successful c will not be included tendent's Office on o	ide the Distric ompletion of the in movement or or before the firs
Teacher Institute Day in August (cons school year's salary schedule; report				
following year's salary schedule. An the Superintendent upon completion of	official trans	script from an accre	dited university mus	t be provided to
Teacher's Signature	_	·	endent's Signature	Date
		R. ROUNDCOUNT endent of Schools		

• 455 Elm Street, Mt. Zion, IL 62549 • Fax 217/864-2200