



# Equivalent Graduate Credit Final Approval PROFESSIONAL OR INSTITUTE COURSES

For detailed information regarding Equivalent Graduate Credit, see Article XI, Professional Compensation H.3 of the master Agreement. Submit one copy of the request to the Chairperson of the Personnel Review Committee.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_

Name & Date of Activity/Institute/Seminar/Workshop \_\_\_\_\_

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 graduate 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 exams 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 of Advance Approval form.

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

Department Chairperson's Signature \_\_\_\_\_

**Committee Use Only**

Date Final Application Received \_\_\_\_\_ Final Application \_\_\_ Approved \_\_\_ Denied

Total Credits Approved \_\_\_\_\_

PRC Chairperson \_\_\_\_\_ Date \_\_\_\_\_