IMPERIAL COMMUNITY COLLEGE DISTRICT

Request for District Approval to take courses for the purpose of Advancement on the Salary Schedule

Teaching/Non-Teaching Faculty:_____ Date:_____

A. Proposed Course(s): After course title, check column a (new) or b (repeat), as applicable.

SUBJECT AREA	COURSE NUMBER	COURSE TITLE	a	b	INSTITUTION	UNITS QTR.	SEM.

B. If the above course(s) is (are) not available or canceled due to enrollment, a substitution (s) will be made from the following list to alternates:

SUBJECT AREA	COURSE NUMBER	COURSE TITLE	a	b	INSTITUTION	UNITS QTR.	SEM.

C. Total units to be completed under this proposal: _____

D. Level of course work (e.g., graduate, upper division, etc.)_____

E. If course is to be used for "recency" only, check here ( ).

F. The above course(s) will begin_____and will be completed_____.
Classes will be held at_____ **(location).**
(Transcripts of work completed which will affect a faculty member's salary classification for the next contract year must be received by the Vice President for Student Services on or before September 15. Transcripts received after this time will be applied to the following contract year.)

G. Current Classification: A____ B____ C____ D____ E____ **Current Step**: _____ (1 – 20)

H. The approval on this form does not supersede the regulations found in the *Unit Bargaining Agreement.*

( ) **Recommended** ( ) **Not Recommended** ( ) **Conditional Recommendation**

_____ _____
Dean/Program Coordinator/Director/Division Chair Date

( ) **Not Recommended** ( ) **Conditional Recommendation** ( ) **APPROVED**

_____ _____
Appropriate Vice President Date

ag/revised 1/2009