



CERTIFICATE OF ACCEPTANCE

This is to certify that _____, a qualified Teacher under contract with Saunders County School District Number One, Ashland NE has on the date mentioned hereon submitted to this Office a request for an acceptance to take certain college or university work for credit that will be used for placement on the Salary Schedule on which this school system now operates.

This request for acceptance, under possible penalty of denial of the use of such credit, must come before enrollment in said course or courses and must be followed with an Official transcript on successful completion, on or before September 30 of the year, if the salary placement on completion is to be paid. This college work will be taken at, or from

_____ (institution)

Department	Title of Course	Course No. (Dept-Call #)	Hours Credit

I request that the college graduate hours listed above be used for placement on the salary schedule. I understand that final placement will be made on October 1 of each school term and that placement will be determined on transcripts submitted on or before September 30 in accordance with the Master Agreement between the Board of Education and the Ashland-Greenwood Education Association. I also understand that placement is always subject to the collective bargaining agreement and may change if that agreement is modified or terminated.

Date

Signature of Teacher

Approval of College Graduate Hours: This is to certify that the college or university course work as shown above is approved in accordance with the current Master Agreement between the AGEA and the Board of Education for placement on the salary schedule. Placement is subject to change based on subsequent changes in the Master Agreement between the Ashland-Greenwood Education Association and the Board of Education.

Date

Administrative Approval