Date: ____________________________

TO: Superintendent  
Wheatland Union High School District

I hereby request that the following courses, which I propose to complete and verify by September 1, 20______, be approved:

☐ Completion of the following coursework will advance me to the next column on the salary schedule.

<table>
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<tr>
<th>Institution</th>
<th>Course No.</th>
<th>Description</th>
<th>Semester Units</th>
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*Quarter Hours x.67 equals semester hours, 18 hours of lecture work = 1 semester unit.

Sincerely,

______________________________  
Teacher (Please Print)

______________________________  
Signature

The above course are ( ) Approved ( ) Not Approved

Suggestions:

________________________________________________________________________

________________________________________________________________________

Signed: ____________________________  Title: ____________________________  Date: ____________________________

For office use:

Verification of above coursework completed:

Date: ______________ Units Earned: _____  Transcript Received: _______