

For Office Use Only

Approved **Denied**

- Approval Forms Missing
- Unofficial Transcripts
- Incomplete

Official Signature

Date

Superintendent of Schools
 Marlborough Public Schools
 17 Washington Street
 Marlborough, MA 01752

RE: Column/Step Move

Current Column _____

I am submitting the following approved graduate credits and /or in-service credits for advancement on the salary scale schedule to _____ column according to regulations set forth by MEA contract Article XXX Section B.

Required attachments ____ Copy of Request for Course Approval signed by Superintendent
 ____ Official Transcript

All requirements for application must be completed and submitted by February 1st for consideration

CREDITS EARNED	DATE COMPLETED	INSTITUTION	COURSE COMPLETED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Total

Teacher (Print Name) _____ School _____

Signature: _____ Date : _____