Request for Academic Incentive Increment Approval

REQUEST FOR ACADEMIC INCENTIVE INCREMENT APPROVAL

I. Personal

Date of Application _____

Name _____ Address _____

Present Assignment _____ Location _____

Date employed by Lake County Educational Service Center Governing Board _____

Highest College Degree _____ Date Received _____ Institution_____

II. Course of Study to be Pursued

Post Baccalaureate _____ Graduate _____ Field of Study_____

College or University_____Advisor_____

Indicate Semester and Year: Fall _____ Year Winter _____ Year Spring _____ Year Summer _____ Year

Specific course numbers and titles to be studied:

_____ Semester Hours _____

_____ Semester Hours _____

_____ Semester Hours _____

Total Semester Hours _____

Cost per semester hour $ _____ Total Cost $ _____

Compensation in any twelve month period not to exceed $2000.00

III. Previous Request in Past Twelve Months

Date of request:	Date courses completed:
1. _____	_____
2. _____	_____
3. _____	_____

Signature _____

(Office Use Only)

Clear Form

Approved _____ Disapproved _____ _____ Date_____
Lake County ESC Superintendent/Designee

Approved for Board action _____ Date _____
Treasurer

PAYMENT: Transcript/grade card received _____ Date_____

Tuition Receipt received _____ Date_____

Approved for payment of $ _____

Superintendent _____Treasurer _____ Date_____

Updated May 2004