Washington County School District
CREDIT EVALUATION FOR SALARY PURPOSES

Name: _____ Date: _____

School: _____

B.S./B.A.-Date Received: _____ University/College: _____

M.S./MED – Date Received: _____ University/College: _____

Original Certification Date: _____ Certification Expiration Date: _____

Present Salary Status (Check One): ☐ BS ☐ BS+20 ☐ BS+40

☐ MS ☐ MS+20 ☐ MS+45 ☐ MS+60

Applying for:

Date Comp	Course Number	Univ.	Course Description	Lower Div.	Upper Div.	Grad	Qtr	Sem	Grade

TOTAL QUARTER HOURS: _____

APPROVED: _____ **ADVANCED TO: _____**

Form 509