



## Somers School District 29

315 School Addition Road  
Somers, Montana 59932  
(406) 857-3301

### Somers Middle School

Phone (406) 857-3661  
Fax (406) 857-3144

### Lakeside Elementary

Phone (406) 844-2208  
Fax (406) 844-4609

### Course Credit Approval Form for Salary Advancement

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#### Teacher Information

- Name: \_\_\_\_\_
  - Position: \_\_\_\_\_
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#### Course Information

- Course Title: \_\_\_\_\_
  - Course Number (if applicable): \_\_\_\_\_
  - Institution/University: \_\_\_\_\_
  - Course Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
  - Credit Hours: \_\_\_\_\_ Quarter Credits Semester Credits (circle one)
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#### Purpose of Course

- ☐ Directly related to current teaching assignment
  - ☐ Supports professional development goals
  - ☐ Required for certification/license renewal
  - ☐ Other (please explain): \_\_\_\_\_
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#### Justification

Please describe how this course supports your current assignment and professional growth:

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## Required Documentation

Please attach the following:

- Course syllabus or catalog description
  - Proof of enrollment (if available)
  - Any correspondence from the institution
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## Approval Section

### Superintendent Approval

☐ Approved ☐ Not Approved

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### SMS Association Appointee

☐ Approved for Salary Advancement Credit  
☐ Not Approved

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### LES Association Appointee

☐ Approved for Salary Advancement Credit  
☐ Not Approved

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Notes

- This form **must be submitted and approved prior to course enrollment** for salary advancement consideration.
- Official transcripts or grade reports will be required after course completion.