Education Adjustment Verification Form 551b

Master's Degree Plus Credit

reference WCSD Policy 1900

Employee Information

| Linployee illiorillation | | | |
|--|-------------------------------|-----------|----------|
| FULL NAME (please print) | TODAY'S DATE | | |
| | | | |
| EMPLOYEE ID# | CACTUS ID | | |
| E | | | |
| Transcripts & Semester Credit Checklist | | | |
| All of the following requirements <u>MUST BE MET</u> to be eligible for Ed | ucation Adjustment Cred | it | |
| You must submit original transcripts as documentation and verification issuance. | of credits completed and/c | or degree | : |
| * Attach original transcripts to this form | | | |
| <u>OR</u> | | | |
| * Have electronic transcripts sent directly from the univers | sity to WCSD at hr-transcript | ts@wash | nk12.org |
| 2. Reference your transcripts to answer the following questions: | | YES | NO |
| Did you complete all credits for education adjustment after your initial teaching lie | cense was issued? | | |
| Were the credits acquired outside of normal contract time? | | | |
| Were the credits acquired without receiving a WCSD stipend or compensation? | | | |
| Course Summary Information: Master | 's Degree Plus cred | it | |
| | | YES | NO |
| Did you complete all credits for education adjustment after your Master's Degree | was issued? | | |
| Were the credits completed in 6000 series or higher courses? | | | |
| Were the credits completed in 5000 series courses? (maximum of 6 semester credits | will be accepted) | | |
| If YES, have you used 5000 series courses for a previous WCSD Masters P | lus education adjustment? | | |
| Were the completed credits required to obtain a USBE endorsement or additional endorsement? | license area or a WCSD | | |
| If YES, please indicate the name of the Endorsement or License Area in the | is box. | 1 | |
| | | | |

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Course Summary Information continued: Master's Degree Plus credit

Please list all course information that apply to this education adjustment request:

| College/University Name | Course Code & # | # of Credit Hours | Semester & Year Taken | Verified (HR USE ONLY) |
|-------------------------|-----------------|----------------------|-----------------------|------------------------------|
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By signing below, I hereby verify that the information provided on this form is true and correct to the best of my knowledge. Any misstatement, omission, or misinformation may be grounds for disciplinary action.

| Employee's Signature | Date |
|----------------------|------|

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