

IMPERIAL COMMUNITY COLLEGE DISTRICT

**Request for District Approval to take courses for the purpose of  
Advancement on the Salary Schedule**

Teaching/Non-Teaching Faculty: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Name

A. Proposed Course(s): After course title, check column a (new) or b (repeat), as applicable.

SUBJECT AREA	COURSE NUMBER	COURSE TITLE	a	b	INSTITUTION	UNITS	
						QTR.	SEM.

B. If the above course(s) is (are) not available or canceled due to enrollment, a substitution (s) will be made from the following list to alternates:

SUBJECT AREA	COURSE NUMBER	COURSE TITLE	a	b	INSTITUTION	UNITS	
						QTR.	SEM.

C. Total units to be completed under this proposal: \_\_\_\_\_

D. Level of course work (e.g., graduate, upper division, etc.) \_\_\_\_\_

E. The above course(s) will begin \_\_\_\_\_ and will be completed \_\_\_\_\_

Classes will be held at \_\_\_\_\_ (location).  
*(Transcripts of work completed which will affect a faculty member's salary classification for the next contract year must be received by the Vice President for Student Services on or before September 15. Transcripts received after this time will be applied to the following contract year.)*

F. Current Classification: A\_\_\_ B\_\_\_ C\_\_\_ D\_\_\_ E\_\_\_ Current Step: \_\_\_\_\_ (1 – 18)

G. The approval on this form does not supersede the regulations found in the *Unit Bargaining Unit Agreement*.

Recommended       Not Recommended       Conditional Recommendation

\_\_\_\_\_  
Dean/Director

\_\_\_\_\_  
Date

Not Recommended       Conditional Recommendation       APPROVED

\_\_\_\_\_  
Appropriate Vice President

\_\_\_\_\_  
Date