APPLICATION FOR EVALUATION OF PROFESSIONAL GROWTH UNITS
(To Be Used For Submission of CLASSROOM Courses Only – NOT Online Courses)
See BUSD web site for list of approved courses – www.burbank.k12.ca.us

APPLICATION SHOULD BE SUBMITTED AND APPROVED PRIOR TO TAKING THE COURSE
See BUSD web site for PAC meeting schedule – www.burbank.k12.ca.us

Teacher’s Name __________________________ Date Submitted __________________________

Site __________________________ Grade(s) or Subject(s) Taught __________________________

All lower division, continuation and extension courses MUST be submitted to the Professional Advancement Committee (PAC) for approval if salary credit is desired, and the course is not on list of approved classes. All upper division, graduate courses and pre-approved courses need not be approved.

Course Title __________________________ Course Number __________________________ College or University __________________________

Write Brief Course Description*

* if possible, attach course information from catalog, brochure or flyer describing units given and days/hours of instruction.

Units Requested ** (check one box) __________________________ Hours of Classroom Instruction __________________________

Date Course Will Begin __________________________ Date Course Will End __________________________

** Progress on the salary schedule is in semester units. One semester unit requires 15 hours of class time while one quarter unit requires 10 hours of class time. Please note that one quarter unit equals two-thirds semester unit.

Provide information as to how this course would impact your classroom and/or grade(s) or subject(s) taught:

________________________________________________________

________________________________________________________

Provide information regarding the reason(s) you wish to take this course (i.e. for additional credential or degree, changing grade level or subject to be taught):

________________________________________________________

________________________________________________________

________________________________________________________

Signature of Applicant __________________________ Date __________________________

I have reviewed and approved this application for submission to the Professional Advancement Committee.

Signature of Site Principal __________________________ Date __________________________
After review of the information provided, is this course approved by the Professional Advancement Committee members?

☐ Approved  ☐ Not Approved

Superintendent or Designee               Date

☐ Approved  ☐ Not Approved

PAC Secretary                             Date

If the Professional Advancement Committee approved this course, it was approved for: ________________ semester units

COPY OF COMPLETED FORM WILL BE RETURNED TO THE TEACHER UPON FINAL DETERMINATION OF COMMITTEE

Once you have taken the course, you must submit official transcripts to the Personnel Office. The Personnel Office will accept grade cards, unofficial transcripts or a computer printout of completion of the class for posting of units but official transcripts are still required.

If the Professional Advancement Committee did not approve this course, it is due to the following reason(s):

___________________________________________________ ___________________________________________________ __

___________________________________________________ ___________________________________________________ __

___________________________________________________ ___________________________________________________ __

If additional information has been requested, please send additional documents, along with a copy of this form, to Marjorie Fuchs in the Personnel Office. If you wish to submit additional written information regarding this class, please do so:

___________________________________________________ ___________________________________________________ __

___________________________________________________ ___________________________________________________ __

___________________________________________________ ___________________________________________________ __

After review of the additional information provided, the final determination of the Committee is as follows:

☐ Approved  ☐ Not Approved

Superintendent or Designee               Date

☐ Approved  ☐ Not Approved

PAC Secretary                             Date

You may choose to appeal the Professional Advancement Committee’s decision, but this appeal must be filed within ten days of the date of this letter. Submit the appeal in writing to the Personnel Office, along with any additional supporting documents. Please know that if you do choose to appeal the decision of the Committee, you must address the Committee in person at the next regularly scheduled meeting in an attempt to resolve the disagreement (Article 16.8). The next regularly scheduled meeting of the Professional Advancement Committee is _________________ ______________________. If you have any questions regarding your appearance, please contact Marjorie Fuchs in the Personnel Office at 818-729-4413. The decision of the Committee shall be the final determination (Article 16.8.3).

Appeal is:

☐ Approved  ☐ Not Approved

Superintendent or Designee               Date

☐ Approved  ☐ Not Approved

PAC Secretary                             Date

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