



**BURBANK UNIFIED SCHOOL DISTRICT**

**APPLICATION FOR EVALUATION OF PROFESSIONAL GROWTH UNITS**

(To Be Used For Submission of **ONLINE** or **INDEPENDENT** Courses Only – **NOT** Classroom Courses)

**See BUSD web site for list of approved courses – [www.burbank.k12.ca.us](http://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](http://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 \*\*  Semester  Quarter  
(check one box)

\_\_\_\_\_  
Hours Spent Working  
On Course

\_\_\_\_\_  
Date Coursework Will  
Begin

\_\_\_\_\_  
Date Coursework Will End

\*\* Progress on the salary schedule is in semester units. One semester unit requires the equivalent of 15 hours of class time while one quarter unit requires the equivalent of 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):

\_\_\_\_\_  
Provide information on how your online or independent study participation time is evaluated and to whom you report:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Site Principal

\_\_\_\_\_  
Date

