



REQUEST FOR CERTIFICATION OF COURSE CREDITS
West Orange-Cove Consolidated Independent School District

Date: _____

To: Dean of Graduate School

The West Orange-Cove Consolidated Independent School District will recognize graduate credit and advance the teacher named on the reverse side an additional salary increment if the credit earned is applicable toward the next higher degree or advanced certification.

1. Any hours above a Bachelor's degree must be listed on an approved Master degree plan.
2. Any hours above a Master's degree must be on an approved and active Doctoral plan, within their related field, or toward advanced certification.

The District's local policy requires that such credit be certified by the college registrar or other authorized college official.

Your assistance in helping our staff fulfill this requirement will be greatly appreciated. Please check this teacher's transcript against the courses listed on this form to determine whether or not the courses listed meet the criteria listed above. Draw a line through any courses listed which are not acceptable and total the number of hours certifiable. Sign the form using your official title and place the seal of the college or university on the form.

Return the form to: Executive Director of Human Resources
West Orange-Cove CISD
PO Box 1107
Orange, TX 77631

This is to certify that _____ has earned
 credit towards the ☐ Master's Degree
 ☐ Doctoral Degree
 ☐ Advanced Certification _____

Year	Course Name	Course Number	Hours Earned
Total Number of Hours Applicable			

Official Seal

 Signature-Department Chair

 Signature-Registrar

College or University _____