

GRADUATE LEVEL SALARY INCREMENTS APPROVAL FORM

for Courses, Programs of Courses, or Degrees

Regulation 728 Graduate Level Salary Increments

INSTRUCTIONS: This form should be completed by the educator and the HR department when an educator intends to pursue coursework to be used towards Certification and/or a Graduate Salary Increment. Transfer credits must meet all DDOE requirements, may be subject to delay, and may not be acceptable towards Certification and/or a Graduate Salary Increment. Educators are encouraged to review Regulation 728 to become familiar with the requirements of this regulation: <http://regulations.delaware.gov/AdminCode/title14/700/728.shtml#TopOfPage>.

Every effort will be made to expedite your request but please allow up to four (4) weeks for review and processing.

NOTE: Modifications to the program/coursework, once approved, may negate approval of a Graduate Salary Increment.

This section is to be completed by the Educator	
Date Submitted:	Date Returned: <i>DOE use only</i>
Educator Name <i>Last, First, Middle</i>	Date of Birth
School District/Charter	
Educator's Current Position	Highest degree level obtained:
Progress Status <i>Check the option that applies.</i>	<input type="checkbox"/> I have already taken coursework <input type="checkbox"/> Pre-Approval prior to taking coursework.
Purpose of Submission <i>Check ALL options that apply.</i>	<input type="checkbox"/> I would like to advance my salary through an Advanced or Additional degree <input type="checkbox"/> I would like to advance my salary through a Graduate Course of Study <input type="checkbox"/> I would like to advance my salary by obtaining a new certificate <input type="checkbox"/> Administration <input type="checkbox"/> School Counselor <input type="checkbox"/> Other _____
Justification/Statement of Alignment <i>In order to be eligible for graduate level salary increments credits earned must be directly related to an area or specialty in which the educator is employed, or as required by regulation. Professional Development coursework is not acceptable.</i>	
----- INSTITUTE OF HIGHER EDUCATION INFORMATION -----	
Institute Name	
Degree/Course of Study <i>One degree per form. Official transcript must be provided in DEEDS if coursework has already been completed.</i>	
Degree or Course of Study Website	

Submit Completed & Signed Form to:
 LICENSURE & CERTIFICATION
deeds@doe.k12.de.us
 Form Last Updated: 02/08/2023

Licensure & Certification Office
 Collette Education Resource Center
 35 Commerce Way, Suite 1
 Dover, DE 19904
 (302) 857-3388
<https://www.doe.k12.de.us/certification>

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----- DISTRICT OR CHARTER SCHOOL ACKNOWLEDGEMENT -----	
This acknowledgment does not constitute approval by the DDOE	
HR Director Name	
HR Director Acknowledgement Signature	
School District/ Charter School Additional Information (optional)	

----- DOE ONLY -----					
APPROVALS	Yes	No	N/A		
IHE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IHE is Institutionally and Regionally accredited.	Regional Accrerator:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IHE is authorized to operate in Delaware.	<input type="checkbox"/> DDOE <input type="checkbox"/> NC-SARA
Degree/Coursework/ Program of Study <i>Note: This process may require additional approval. If this occurs, this may delay the approval process.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level of Coursework, degree, or program of study is appropriate for candidate.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program qualifies as a Course of Study.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Content aligns to area of employment or is an approved content area.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program or course of study meets Certification requirements, if appropriate.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program has CAEP or DDOE Approval, if required.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transferred credits meet DDOE requirements.	
If not approved, provide reason:					
Content Specialist Name	Name:			Signature & Date	

----- LICENSURE & CERTIFICATION ONLY -----		
Approval	For GRADUATE SALARY INCREMENTS	For CERTIFICATION
	<input type="checkbox"/> Approved <input type="checkbox"/> NOT Approved	<input type="checkbox"/> Approved <input type="checkbox"/> NOT Approved
If not approved, provide reason:		
Licensure & Certification Approval Authorization	Name:	Signature & Date

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