

<b>BRAINTREE PUBLIC SCHOOLS</b>
<b>INCREMENT COMMITTEE</b>

*NOTIFICATION OF COURSE TO BE TAKEN*

**DATE:**

<b>NAME</b>					
<b>SCHOOL</b>					<b>CERTIFICATION/ SUBJECT</b>
<b>TITLE OF COURSE</b>					
<b>COLLEGE OR UNIVERSITY</b>					
<b>IN OR OUT OF FIELD</b>					
<b>GRADUATE LEVEL</b>	<b>YES</b>		<b>NO</b>		<b>CREDITS</b>
<b>Explanation of Course – Please attach a copy of a catalogue if possible.</b>					
<b>If the course is NOT A GRADUATE LEVEL COURSE from an institution accredited by NEASC, please explain your request for credit:</b>					

**THIS SECTION MUST BE COMPLETED**

<b>The above course is a part of a planned degree program:</b>	<b>YES</b>	<b>NO</b>
<b>DATE</b>		
<b>Course to be completed:</b>	<b>Master's Degree</b>	
	<b>CAGS</b>	
	<b>Master's + 30</b>	
	<b>Master's + 45</b>	
<b>Transfer Date</b>		
<b><u>TO BE COMPLETED BY INCREMENT COMMITTEE</u></b>		
<b>Approved</b>	<b>Date:</b>	
<b>IN-FIELD</b>	<b>OUT OF FIELD</b>	

*A copy of transcript of mark must be submitted upon completion of course order for credit to be granted.*