

Dallas County Community College District

Credit for Academic Advancement

Name: _____ Colleague ID Number: _____
Last First MI.

Location: _____ Division _____ Current Salary Range _____

Complete this section at the conclusion of academic studies.

? I have accumulated approximately _____ toward advancement to the next Range of the
Hours
Faculty Salary Schedule and anticipate **completing** enough hours to be reclassified by

Month/Year

*Official transcripts and/or "other evidence" of course completion are required and must be attached to this form. These documents must contain the **official school seal** and be received in the location Human Resources office no later than September 1. "Other Evidence" is defined as written notification on college/university stationery from the registrar's office stating hours completed or degree earned with the school seal.*

Failure to submit the required documents may result in non-submission for reclassification.

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\_\_\_\_\_  
Faculty Signature Date

\_\_\_\_\_  
VPI Signature Date

\_\_\_\_\_  
Dean/Division Chair Signature Date