



# MEMO

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## HUMAN RESOURCES DIVISION

### APPLICATION TO OBTAIN CREDITS BEYOND MASTER'S DEGREE

Washoe County School District  
425 East Ninth Street  
P.O. Box 30425  
Reno, NV 89520-3425  
Phone (775) 348-0321  
Fax (775) 348-0389

#### Information to be Completed by Teacher:

Current Name: \_\_\_\_\_

Name at Time of Enrollment: \_\_\_\_\_

Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Dates of Attendance at University: \_\_\_\_\_

Please forward this form to your Records and Admissions Department, Graduate Dean, or Department Chair at the University where you obtained your Master's Degree.

All options require clarification by employee identifying the credits to be used for salary advancement. Please submit this on a separate sheet of paper.

Please note: Option 2. If you have retained your Program of Study with official signature and date of enrollment, it is not necessary to contact your University.

#### Instructions to University/Universities:

Choose **ONE** of the following options to verify proof of credits.

Option 1: Please use University letterhead. Indicate dates our employee was enrolled in Master's Program. Please sign letter and include your printed name, title, and phone number.

Indicate any graduate credits obtained during the period the employee was enrolled in their Master's Program that EXCEEDED the requirements needed to complete their degree. Include name of class, course number and number of credits.



Option 2: Please use university letterhead. Indicate dates our employee was enrolled in Master's Program. Please sign letter and include your printed name, title, and phone number.

Include a Program of Study outlining credits for completion for Master's Degree.

Option 3: Please use university letterhead. Indicate dates our employee was enrolled in Master's Program. Please sign letter and include your printed name, title, and phone number.

Include a copy of university catalog indicating specific number of credits required for your master's program.

**PLEASE RETURN VERIFICATION FORM TO STUDENT**