

**McCormick County School District
Renewal Credit Appeal Form**

Appendix C

*All credit appeals must be submitted within 2 weeks of credit denial.

Name	Certificate Number
Renewal Credit Advisor	Date
Option	Amount of credit
Activity	Date submitted to Advisor*

Pre-Approval Appeal _____

Credit Denial Appeal _____

1. Description of Activity
 **** Attach verification of this activity to this form. ****

Explain:

➤ the activity offered for renewal credit	➤ how it supports your Professional Growth & Development plan
➤ the process you followed to submit this credit	➤ why this credit should count toward your certificate renewal

Teacher Signature _____ Date _____

2. Explanation of Denial

Explain why this activity was denied renewal credit for this educator.

Advisor Signature _____ Date _____

3. Appeal Status: Approved Denied

State reason for approval or denial.

Signature of Chairman
of Appeal Committee _____ Date _____

* Copy filed in Human Resources