## Graduate Pay Appeals Committee Check List

(Please return with 10 copies)

NAME:	SSN:	
LEA:	DATE:	
DOCUMENTATION NEEDED:	DOCUMENTA	TION INCLUDED:
Form R with Official Request from LEA		
Letter of relevancy for appeal from LEA and individual		
Verification of teaching area(s) assigned and licensure area(s) held		
Form G		
Correlate to all courses in the Standard Course of Study for all licensure areas (Attach only relevant indicators. Circle or asterisk)		
Official Transcripts (Submit if not on file in Licensure)		
Official course descriptions from the college catalog.		
Verification of the IHE's accreditation (Done by Licensure)		
Degree, area of concentration, and date of graduation		
<b>Committee's Action</b>	Approved	Denied
Comments:		