<u>Graduate Pay Appeals Committee</u> Check List (Please Return with Appeal)

NAME:	SSN:	SSN:	
LEA:	DATE:	DATE:	
DOCUMENTATION NEEDED:	DOCUMENTAT	TION INCLUDED:	
Form R with Official Request from LEA			
Letter of relevancy for appeal from LEA			
and individual			
Vanification of teaching angels) accioned			
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			
<u>or asterisk)</u>			
Official Transcripts			
(Submit if not on file in Licensure)			
Official common de conjuntion of forms the			
Official course descriptions from the college catalog.			
Verification of the IHE's accreditation			
(Done by Licensure)			
Degree, area of concentration, and date			
of graduation			
Committee's Action	Approved	Denied	
Comments:			