

**Cuyahoga Community College  
Faculty Salary Advancement Request Form  
Academic Year 2025-2026**

**PLEASE PRINT**

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

Assistant/Associate Dean to whom you report: \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

Requested Salary Grade (please refer to list below): \_\_\_\_\_

- B = B.A. + 15 Semester (22.5 quarter credits)
- C = B.A. + 30 Semester (45 quarter credits) or M.A. degree
- D = M.A. + 15 Semester (22.5 quarter credits)
- E = M.A. + 30 Semester (45 quarter credits)
- F = M.A. + 45 Semester (67.5 quarter credits)
- G = Doctorate

**Please provide official electronic transcripts issued directly to the College supporting the requested salary grade change. For industry-recognized credentials, attach the official electronic transcript or provide a print screen of the certificate number with conferral date and verification website information.**

Is this request associated with the completion of a degree/certificate? ( ) Yes ( ) No Conferred date: \_\_\_\_\_

If yes, what degree/certificate? If certificate, what is the expiration date:

If this request is associated with courses taken towards the completion of a degree/certificate, identify courses and semester/quarter hours that support the requested salary grade:

Have you submitted a Proposed Plan of Study for this degree/certificate or these courses that were approved by your Assistant/Associate Dean? ( ) Yes ( ) No

Comments related to your request (if you require additional space, please attach a separate sheet of paper):

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR HR USE ONLY:** Current Salary Grade \_\_\_\_\_

**RESULTS OF JOINT ADMINISTRATION/FACULTY COMMITTEE REVIEW:**

Recommended Grade: \_\_\_\_\_

Joint Administration/Faculty Committee Approval:

_____	_____
_____	_____
_____	_____
_____	_____