

APPLICATION FOR APPROVAL OF COLLEGE COURSEWORK

(Applicable only to courses taken through accredited four-year college or university and designated as upper division or graduate level)

1. Name: _____
 (Last) (First) Grade and/or Subject Taught

2. College or university where course will be taken: _____

3. _____ Units: _____
 Course No. Course Title Quarter Semester

 Estimated Course Completion Date

4. Will the District be asked to contribute any funding, including travel and/or meals? Yes No
 If yes, please explain

5. Will you take any part of this course during your designated work day? Yes No
 If yes, please explain

6. Is this course a repetition of coursework taken previously? Yes No
 If yes, please explain

 Date

 Applicant's Signature

SUPERINTENDENT'S RECOMMENDATION

I have reviewed this coursework and have determined that it:

_____ does _____ does not meet the professional growth needs of the applicant.

_____ can _____ cannot be applied to the applicant's present or foreseeable future assignment.

Please provide information supporting the above recommendation.

 Date

 Superintendent's Signature

Please submit a separate application for each course