



PRE-APPROVAL REQUEST FORM Graduate Course

DATE: _____

NAME: _____ SCHOOL: _____

COURSE TITLE: _____
(ATTACH COURSE/PROGRAM DESCRIPTION)

PROVIDER: _____ DATES: _____
(COLLEGE/UNIVERSITY/DISTRICT)

NUMBER OF CREDITS: _____ COST OF COURSE: \$ _____

REASON FOR TAKING THIS COURSE/ACTIVITY:

___ Candidate for a degree

___ Course required/elective for the degree

___ Recertification of teaching license

___ Certification for an additional license: _____

Other _____

APPROVAL:

SUPERVISOR: _____ APPROVED: _____ DATE: _____
(Yes or No)

REASON (If No): _____

ASST. SUPERINTENDENT: _____ APPROVED: _____ DATE: _____
(Yes or No)

REASON (If No): _____

This form will be scanned to the teacher after pre-approval has been granted by the Assistant Superintendent. It must be resubmitted to the Assistant Superintendent after course completion along with proof of attendance and payment.