

Application for Course Approval

*Please submit this form to the Superintendent of Schools*

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Current Position: \_\_\_\_\_ Current Building: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Dates: \_\_\_\_\_ Total Classroom Hours: \_\_\_\_\_

Course Times: \_\_\_\_\_ Credit to be Earned: \_\_\_\_\_

Sponsor of Course: \_\_\_\_\_

*Please check the applicable criteria:*

☐ Course is in the working assignment area and has relevance to the assignment area  
~ or ~

☐ Course is in an additional area of education in which employee occasionally works  
or may be expected to work

Other comments: \_\_\_\_\_

Application:

☐ Approved

☐ Disapproved/explanation:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent of Schools

*Please send a transcript or certificate  
to the District Office for verification upon completion*