



REQUEST FOR COURSE PRE-APPROVAL

*Credits **MUST** be approved prior to registration for the course*

INSTRUCTIONS:

- Complete this form for each course you are planning on taking and submit to the District Office for approval. A copy will be returned to you for your records. **You must attach a course description from the University catalog.**
- All credits, in order to be considered for application on the salary schedule, must be approved by the Superintendent in writing prior to the taking of the course.
- Any credits mandated by the State Board of Education shall be considered germane credits.

NAME: _____ **BUILDING:** _____

SUBJECT(S) NOW TEACHING: _____ **DATE:** _____

CURRENT LANE: _____ **CURRENT STEP:** _____

NAME OF COLLEGE/UNIVERSITY OFFERING COURSE:

DATE	COURSE NO.	COURSE TITLE	QUARTER OR SESSION	GRAD/ POST GRAD	SEMESTER HOURS

Is this course part of a Master Degree Program, as mutually agreed upon by you and your advisor?

Yes No

Is this course in your field of teaching? Yes No

Is this course an online, video, or correspondence (distance learning), independent study course?

Yes No Type of course: _____

- ***If this course is not in your field of teaching, attach a course description and an explanation of why you are requesting an exception to the District's practice of not approving courses outside of your field of teaching.***

To be completed by District Office

Course is: APPROVED NOT APPROVED

Meets Requirements for a lane change to: _____

Comments: _____

SIGNED: _____
Superintendent

DATE: _____