

REQUEST FOR APPROVAL OF COLLEGE COURSEWORK GRADUATE ONLY

Please complete both forms and give to your immediate supervisor. One copy will go into your personnel file and the other will be returned to you for your records.

NAME _____ DATE _____

TITLE OF COURSE: _____
(Only one course per form)

Course Number: _____ Semester Hours of Credit: _____

Year: _____ Fall _____ Spring _____ Summer _____

INSTITUTE OFFERING COURSE/CREDIT _____

SIGNATURE: _____

BUILDING PRINCIPALS ACKNOWLEDGEMENT: _____ Initial

SUPERINTENDENT'S REVIEW OF TRANSCRIPTS ON FILE: _____ Initial

SUPERINTENDENT'S APPROVAL/DATE _____ DISAPPROVAL/DATE _____

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