

COURSE APPROVAL FORM

Z – I.D. # _____

Name of Staff Member _____

Assignment/Teaching Area _____

Title of Course _____ Semester Credit Hours _____

Course # _____ College/University _____

Semester & Year _____ Date & Time _____

Where is Course Offered _____

Purpose for taking course/relationship to building improvement plan _____

Is this course part of an approved advanced degree plan in your teaching field?

Yes _____ No _____ Degree _____

Is this course in the subject area that you are teaching? Yes _____ No _____

All course work submitted for lane movement must be pre-approved by the Superintendent of Schools. All course work must also be supported by a **current transcript** submitted within 120 days of course completion. Transcripts must be received by **September 1st** of the current school year for salary schedule credit in the current school year.

Teacher's Signature _____ Date _____

Principal's Acknowledgement/Endorsement _____ Date _____

Principal Comments (Optional) _____

Approved _____ Denied _____

Superintendent's Signature _____ Date _____