

REQUEST FOR COURSE APPROVAL

Name _____

Date of Request _____

I am planning to take the following courses:

At: _____
(Institution)

Course Description _____

Relation to Grade/Subject Taught _____

The Course will be completed on or about _____
(Date)

Business:

Date Course Completed _____

Employee Paid _____

Approved _____
(Supervising Principal)

Date _____

Original: Employee Professional Development File (DO)

Copy: Employee
Business Office