

Washington Educational Services Building 804 Oak Street Brainerd, MN 56401 Phone: (218) 454-6900 Fax: (218) 454-5549 www.isd181.org

Request for Course Approval

Teacher:		Building:		Date:			
Major (s):							
Minor (s):							
Current Teaching	Assignment:						
o .	0						
Institution	Course Number	Course Name	Course Level	Credits	Semester	Ye	ear
						_	
						<u> </u>	
Is this cour	rse part of a Ma	aster's Degree progran	n?			Yes	No
• If so, do yo	u have a Maste	er's Degree program o	n file with H	Iuman Res	ources?	Yes	No
Emplovee Signat	ure:			Date:			

() Approved		
	Director of Human Resources	
() Not Approved		
	Date	
Comments:		

Please submit completed form and required documentation to the superintendent's office for approval.