



Request for Course Approval

Teacher: _____ Building: _____ Date: _____

Major (s): _____

Minor (s): _____

Current Teaching Assignment: _____

Institution	Course Number	Course Name	Course Level	Credits	Semester	Year

- Is this course part of a Master's Degree program? **Yes** **No**
- If so, do you have a Master's Degree program on file with Human Resources? **Yes** **No**

Employee Signature: _____ Date: _____

Approved

Director of Human Resources

Not Approved

Date

Comments: _____

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