

## Course Approval

Educators Name: \_\_\_\_\_ Date: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Dates Start: \_\_\_\_\_ End: \_\_\_\_\_ Number of Credits/Hours: \_\_\_\_\_

Provider of Credits/Hours: \_\_\_\_\_

Educators Building: \_\_\_\_\_ Educators Position: \_\_\_\_\_

Course Description: (Please also attach a course syllabus if available)

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Rationale for Course:

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Approved  Denied

Principal/Supervisor: \_\_\_\_\_

Approved  Denied

Superintendent: \_\_\_\_\_

Date: \_\_\_\_\_

Reason: \_\_\_\_\_

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