

Course Approval

Educators Name: _____ Date: _____

Course Title: _____

Course Dates Start: _____ End: _____ Number of Credits/Hours: _____

Provider of Credits/Hours: _____

Educators Building: _____ Educators Position: _____

Have you taken this course for credit before? Yes No

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

Rationale for Course:

Approved Denied

Principal/Supervisor: _____

Approved Denied

Superintendent: _____

Date: _____

Reason: _____
