

Pre-Approval of Courses

Employee Name: _____ Date: _____

Department or Grade Level: _____

School Location: _____ Present Salary Schedule: _____

****Courses to be taken for Credit on Salary Schedule:**

Course Title	Subject Field	Semester Hours	Institution

If courses are taken as part of an advanced degree program, please so indicate.

****Please indicate how you think each of these courses will increase your proficiency in your day-school assignment if they do not apply to a degree.**

Principal's Approval: _____ Date: _____

Superintendent's Approval: _____ Date: _____