

Appendix D

COURSE APPROVAL FORM

Name: _____ Date Submitted: _____

Name of Course: _____

Dates of Course: _____ # of Credits _____ (Quarter/Semester)

Course Information:

Flyer, Brochure, Registration Information, or Other Attached: _____

Website Link Provided: _____

School Accredited by: _____

Rationale for taking the course:

Is this course required as part of a Master's program?

Yes _____ If so, please attach your intended plan of study.

No _____

Teacher's Signature: _____ Date: _____

For District Use Only:

Approval _____

Rejection: _____

Rationale for Decision:

Superintendent's Signature: _____ Date: _____