

University/College Coursework Post-Approval

Westlake City School District LPDC

Name: _____

Date: _____

Building: _____

Position: _____

An official transcript from the college or university for the course **MUST** accompany this form.

I. College/University:

II. Course Title and Number:

III. Semester or Quarter:

IV. Dates/Location:

V. Course Objectives:

VI. Identify the goal on your IPDP the course meets:

VII. Number of Credit Hours attained:

LPDC USE ONLY:

Final Approval:

Number of semester hours awarded:

Revision Requested:

Reason:

LPDC Chairperson: _____

Date: _____