

CENTRAL BERKSHIRE REGIONAL SCHOOL DISTRICT

P.O. Box 299

Dalton, MA 01227-0299

PRELIMINARY COURSE APPROVAL

Date: _____

Teacher's Name: _____ School: _____

Approval is requested for: _____
(Title of Course)

Instructor: _____ Sponsored by: _____

Hours of Credits: _____ Graduate: Undergraduate:

Times of Meetings: _____ Place of Meetings: _____

Dates (Inclusive): _____ to _____

Expected date of completion (if other than above): _____

Credits thus earned to be applied to: (Check all that apply)

- Master's Equivalency
- Master's Degree
- Master's plus 15 credits
- Master's plus 30 credits
- Master's plus 45 credits
- Master's plus 60 credits
- Course reimbursement for recertification (see reverse side for contract language)
- Course reimbursement (see reverse side for contract language)

Please indicate what use you expect to make of this course in relation to your teaching assignment.

Signature _____

Preliminary approval is hereby granted. It is the responsibility of the teacher to present transcripts of grades of issuance from the sponsoring accredited institution to the office of the Assistant Superintendent. Upon such presentation, credits will be recognized.

Assistant Superintendent _____ Date _____

Credit notification received _____ Taken _____

Grade _____ Credits granted _____ Graduate Undergraduate

Preliminary approval of Assistant Superintendent is required for courses to be applied to advancement on the salary schedule. Submit in duplicate: one copy for the teacher and one copy for the office file