



PRE-APPROVAL for Professional Growth Coursework Credit

Name: \_\_\_\_\_ Date submitted: \_\_\_\_\_

School: \_\_\_\_\_ School year in which units are to be applied: \_\_\_\_\_

Grade level: \_\_\_\_\_

Course title: \_\_\_\_\_ Course number: \_\_\_\_\_

Date(s) of Course or Workshop: \_\_\_\_\_

Type and number of units for the course:

\_\_\_\_\_ Semester units      \_\_\_\_\_ Quarter units      \_\_\_\_\_ Continuing Education Units or Hours

Please note: 1 quarter unit = 2/3 semester unit, and 15 CEU hours = 1 semester unit.

Name of institution granting units: \_\_\_\_\_

This course is: \_\_\_\_\_ graduate level    \_\_\_\_\_ extension    \_\_\_\_\_ upper division    \_\_\_\_\_ other (explain)

Have you completed and earned credit for a similar course in the past? \_\_\_\_\_

How will this course contribute to your professional growth and benefit your classroom instructional practices?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT**

Please return this form AND a copy of the informational brochure (or course description) from the institution offering the above course. Your request will be considered for approval only when submitted with this documentation.

Approved       Not Approved

\_\_\_\_\_  
Superintendent's signature

\_\_\_\_\_  
Date

**Please note:** Upon completion of approved coursework, please submit transcripts or certificates of completion to the Personnel Department in order for units to be recorded. For additional information regarding professional growth opportunities refer to Article 29, of the CDTA-District Agreement.