

Oak Grove School District

CLASSIFIED REQUEST FOR COURSE APPROVAL

Submit in Duplicate

Name School or Location Date

I herewith request approval of the following course(s):

Course Number	Dates to be taken	Course Title	College/School/other	Units Semester	Qtr.

Explanation of course content toward professional growth _____

Classification _____ Signature _____
.....

Approval to take course(s) for credit:

Date of Approval

Coordinator of Human Resources

Submit official grade card, completion certification or similar evidence to Professional Growth Committee for submission to the Human Resources Office for your records.
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Comments (for office use only):