

# North Middlesex Regional School District Pre-Approval Request Form – Graduate Course



REQUEST DATE: \_\_\_\_\_

NAME OF TEACHER: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

COURSE PROGRAM/DESCRIPTION ATTACHED

PROVIDER: \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_  
(College/University/District)

NUMBER OF CREDITS: \_\_\_\_\_ COST OF COURSE: \_\_\_\_\_

### REASON FOR ATTENDING THIS COURSE/ACTIVITY:

- Candidate for a degree
- Course required/elective for the degree
- Recertification of teaching license
- Certification for an additional license \_\_\_\_\_
- Other \_\_\_\_\_

### APPROVAL:

SUPERVISOR/PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED  NOT APPROVED (Reason) \_\_\_\_\_

ASSISTANT SUPERINTENDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED  NOT APPROVED (Reason) \_\_\_\_\_

*This form will be scanned to the teacher after the Assistant Superintendent has granted pre-approval. It must be resubmitted to the Assistant Superintendent after course completion with an EEV, proof of attendance and payment.*

### CENTRAL OFFICE USE ONLY:

VERIFYING SIGNATURE: \_\_\_\_\_

NUMBER OF CREDITS AWARDED: \_\_\_\_\_

NUMBER OF CREDITS FROM 3<sup>RD</sup> PARTY PROVIDERS: \_\_\_\_\_ OF 9 CREDITS DATE: \_\_\_\_\_

COMMENTS: (if any) \_\_\_\_\_

*A copy of this completed form will be sent to you when credits are awarded.*