CENTRAL GREENE SCHOOL DISTRICT
250 SOUTH CUMBERLAND STREET
WAYNESBURG, PA 15370

REQUEST FOR PRE-APPROVAL OF GRADUATE COURSES

Submit two (2) copies to the Office of the Superintendent. A copy will be returned to you.

Name: _____ **Grade Taught: _____**

Graduate School: _____

Certification Objective: _____

(i.e., Master Elementary Education, Administration, Guidance, Doctorate)

Course Term Applying For (Please check one and include the year):

Fall: ____ Winter: ____ Spring: ____ Summer: ____ Year: _____

Date Submitted to Office of the Superintendent: _____

Course Number	Number of Credits	Course Title	Reason for Taking the Course

Total Cost of Credits: $ _____

Approved ____ **Not Approved ____**

Name: _____ **Date: _____**