

HAWLEY PUBLIC SCHOOLS
PRE-APPROVAL
POST-COLLEGE EDUCATION

Teacher Name: _____

Date: _____

Current Teaching Assignment: _____

Course # & Title: _____

College/University: _____

Brief Summary of Course (*Attach a Copy of the Course Description*):

of Quarter Credits _____

or

of Semester Credits _____

Undergraduate Course Requires

Principal's signature: _____

Pre-Approval is granted: _____

Pre-Approval is denied: _____

Superintendent of Schools

Date

Original: Superintendent of Schools
Copy: Teacher