



PROFESSIONAL ADVANCEMENT COURSE APPROVAL FORM

PERSONAL INFORMATION			
NAME		STATUS ☐ Probationary ☐ Tenured ☐ Temporary	LAST 4 OF SS#
MAJOR	MINOR(S)	SUBJECTS TAUGHT	

1. List unit value of courses as they appear in catalog of school and **do not** convert quarter units to semester units or vice-versa.
2. It is each teacher's responsibility to stay within the limitations of salary advancement policies. Approval of a course merely signifies that the particular course is acceptable.
3. Courses taken before approval has been granted are done so at the teacher's risk.
4. Courses approved will be accepted for Column Advancement or Advanced Degrees only upon verification of official transcripts or official grade slips.

COURSE #	DEPT.	TITLE OF COURSE	SEM	QTR	COLLEGE OR UNIV.	CONT	ELECT	START DATE	END DATE

Date Submitted: _____

Signature: _____

APPROVED AS ☐ Controlled ☐ Elective	DENIED ☐ _____ Units	REASON FOR DENIAL
SIGNATURE OF DEPARTMENT HEAD OR SITE ADMIN		DATE

Please check with your department head or site administrator if you have any questions **prior** to starting the course.