

**LAKEVIEW PUBLIC SCHOOLS
PRIOR APPROVAL FORM
COLLEGE OR UNIVERSITY CLASSES
GRADUATE COURSES**

NAME: _____

DATE: _____

I request prior approval for the following courses:

COLLEGE	CREDITS	DEPARTMENT	TITLE	DATES

I declare that the above classes are germane to my teaching assignment and/or teaching major or minor field.

_____ Approved

_____ Disapproved

(Teacher signature)

(Superintendent of Schools)