Yreka Union School District
Course Approval Request

To: Professional Growth Committee

From: _____ Date of Request: _____

RE: Request for Course Approval

I hereby request that the following course be approved by the Professional Growth Committee:

Course Title: _____
Course Description: Please attach a course description to this form.
Note: ***Requests without course descriptions attached will NOT be considered.***

Course Number: _____ Number of Units: _____
(Underline Quarter or Semester)

College or Institution: _____

Where Taken: _____

Dates of Course: From _____ to _____.

Reason(s) for Taking Class:

****

After completing information above, submit form to District Office for processing.

	Approved	Not Approved
_____ Tracy Justice	☐	☐
_____ Julie Solano	☐	☐
_____ Amy Dunlap/Stacy Fussell	☐	☐
_____ Jami Carver	☐	☐

Please Note:

1. Units to count toward professional growth advancement shall be any units pertinent to a teacher's position, upper division course, or graduate work. Identical courses repeated cannot be counted for advancement. A committee of two teachers and two administrators shall make all decisions on the acceptability of units, subject to approval by the Board.
2. In order to assure course approval, course approval requests should be submitted prior to the beginning date of the course.
3. Committee will act on request and return decision prior to beginning date of course.