



FSD 145

Freeport School District

APPLICATION FOR APPROVAL OF COURSEWORK/WORKSHOP

All employees shall present a request for course approval to the Superintendent or his designee in advance of the first day of the class.

To be completed by employee:

Name: _____

Date: _____

Building: _____

Position: _____

Coursework/Workshop Title	Coursework #	University or Workshop Provider / Location	# Of Semester hrs. or PD Units

On Campus

Extension

Correspondence

Online

Other

Date of Coursework / Workshop: _____

Purpose of taking Coursework/ Workshop: _____

Workshop (ONLY): Is Pre-registration requested: Yes (Please attached registration information)

No

To be completed by building principal:

Approved

Disapproved

Principal's Comments: _____

Principal's Signature/Date

To be Completed by Human Resources	Approved	Disapproved
For Educational Assistance (FEA members must return to District employment in the semester immediately following completion of course/workshop attendance).	<input type="checkbox"/>	<input type="checkbox"/>
For Required Advance Study (5-5) For teachers less than BA+20, graduate credit hours per five year period is required.	<input type="checkbox"/>	<input type="checkbox"/>
For Salary Advancement	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Superintendent/Designee _____ Date _____

Amount encumbered for previous request: _____

Amount Available: _____