

Waterville Central School District

SUPERINTENDENT'S REGULATION

PERSONNEL

6104.1

IN SERVICE PROGRAM CREDIT REQUEST

Applicant: _____ Date: _____

Title: _____

Instructor: _____

Time and Length Of Meetings: _____

Total Instructional Hours: _____

1. Statement of Need:

Describe how the program supports and enhances the educational needs of the school district and your grade level/subject area.

2. Statement of Objective:

As a result of participation in this in-service program, it is expected that the district will benefit in the following manner:

3. Course Description:

Signature of Applicant

Date
Approved ___ Rejected ___

Building Principal Signature

Superintendent Signature

Approved ___ Rejected ___

Date

Adopted: 02/10/88

Promulgated: 08/26/97

Approved by the Superintendent: 01/26/16