

**Program/Course/Workshop PRE-APPROVAL FORM**

NAME: _____ Date of Application: _____

Teaching Position: _____

Area of Licensures Currently Held: _____

Process:

- ☐ Complete this form and turn in to the building Principal for signature.
- ☐ The building Principal will forward this form to the Superintendent.
- ☐ The School Board shall make the final decision on approving the course work.
- ☐ Attach program/course/workshop descriptions to this document for course pre-approval.

Program Title/Course/Workshop Name & Number: _____

Part of a prior approved program: _____ Yes _____ No

Institution where course is offered: _____

Expected completion date: _____ Number of Credits/Hours: _____

Program/Workshop/Course Description: _____

Description of how the program/course/workshop will improve your instruction: _____

Program Title/Course/Workshop Name & Number: _____

Part of a prior approved program: _____ Yes _____ No

Institution where course is offered: _____

Expected completion date: _____ Number of Credits/Hours: _____

Program/Workshop/Course Description: _____

Description of how the program/course/workshop will improve your instruction: _____

Principal Approval: _____ Date: _____

Superintendent Approval: _____ Date: _____