CENTRAL BERKSHIRE REGIONAL SCHOOL DISTRICT
P.O. Box 299
Dalton, MA 01227-0299

PRELIMINARY COURSE APPROVAL

Fill out this course approval form until the Droplet form is live, and submit it to arobb@cbrsd.org or boconnor@cbrsd.org.

Date ___________________ Teacher's Name ____

School ____________________________________

Approval is requested for (Title of Course):

____

Instructor ______________________________Sponsored by ______________________________________

Hours of Credits ____________ [ ] Graduate: Undergraduate: [ ]

Times of Meetings __________________________ Place of Meetings _____________________________

Dates (Inclusive) ___________________________to ______________________________

Expected date of completion (if other than above) ____

Credits thus earned to be applied to: (Check all that apply):

( ) Master's Equivalency

( ) Master's Degree

( ) Master's plus 15 credits

( ) Master's plus 30 credits

( ) Master's plus 45 credits

( ) Course reimbursement for recertification (see reverse side for contract language)

( ) Course reimbursement (see reverse side for contract language)

Please indicate what use you expect to make of this course in relation to your teaching assignment.

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Signature _____________________________________

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Preliminary approval is hereby granted. It is the responsibility of the teacher to present transcripts of grades of issuance from the sponsoring accredited institution to the office of the Assistant Superintendent. Upon such presentation, credits will be recognized.

Assistant Superintendent _______________________________________ Date ______________________

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Credit notification received _____________________________________Taken _______________

Grade _________ Credits granted ________________