LAKEVIEW SCHOOL DISTRICT

ACT 48 CONTINUING PROFESSIONAL EDUCATION PLAN

ACT 48 PRE-APPROVAL FORM

Employee Name_____ Date _____

Address _____

_____

Current Assignment _____ PPID # _____

COLLEGE/UNIVERSITY CREDIT

College or University Attending _____

Institute Address _____

Course Number _____ Course Title _____

Course Dates _____ Credits to be awarded_____

CONTINUING EDUCATION CREDIT COURSE

Course Number _____ Course Title _____

Course Dates _____ Credits to be awarded_____

ACTIVITY

(Activity requests must be submitted to the building principal two weeks prior to the Board Meeting)

Date of Activity_____ Description of Activity _____

_____

_____

Approval: Yes ____ No ____ _____

_____

Hours to be awarded: _____ _____

Superintendent _____ Date _____
or (Signature)

District Designee _____ Date _____
(Signature)