



Proposal for Clock Hour Earning Course

COURSE INFORMATION (incomplete proposals will be returned, must receive 2 weeks prior to start of workshop/class)

Today's Date:	_____	Presenter's Name:	_____
Course Title:	_____		
Course Date:	_____	Additional Dates:	_____
Hours Requested:	_____	Additional Dates (cont.):	_____
Start Time:	_____	End Time:	_____
Location:	Select a Location _____	Room:	_____
Target Audience:	_____		
Min. # of Participants:	_____	Max # of Participants:	_____
Description:	_____		

CATEGORIES (each category must have its own submission):

Select a Category

REQUIRED DOCUMENTS (due at the time of the request):

- ☐ Completed Agenda, including estimated times stamps
- ☐ Current Resume or VITA form for instructor/presenter is non-SVSD Employee

**Email completed form to Christina Mann | manncl@svsd410.org*

ADMINISTRATOR APPROVAL: For Official Use, by Christina Mann, only.

Admin: Select Approving Administrator _____ Admin Signature: _____