**Approval Form for College Courses**

 Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the provisions of Article VI, Section 4, Subd. 3, of the Master Agreement, I request approval of the

following described courses:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CourseNo. | Course Title | SemesterCredit | SchoolGrantingCredit | Datesto beTaken | Location | Part ofApprovedGraduateProgram |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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 Date Teacher’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Approved Superintendent’s Signature

Fill out in duplicate and submit both copies for the Superintendent’s Signature. After processing, one copy will be returned to you. After completing the course(s), please turn in a grade report or transcript so the course(s) can be entered on your record.