**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:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Course  No. | Course Title | Semester  Credit | School  Granting  Credit | Dates  to be  Taken | Location | Part of  Approved  Graduate  Program |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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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.