

**REQUEST FORM FOR PRIOR APPROVAL OF COLLEGE COURSES OR WORKSHOPS**

**TO BE USED FOR SALARY SCHEDULE LANE PLACEMENT**

(Note: Please prepare in **duplicate** and return both copies to your building administrator or supervisor. The duplicate form will be returned to you after administrative action. Use a separate form for each course or workshop. Official transcripts of courses must be submitted to the District Office to support claims for lane advancement. Also, please notify the office when you have achieved adequate credits for a lane change.)

Name \_\_\_\_\_ Date \_\_\_\_\_

Teaching Position \_\_\_\_\_ Building \_\_\_\_\_

**PROPOSED COURSE:**

Title: \_\_\_\_\_ Course No: \_\_\_\_\_

No. of Credits or Workshop Hours: \_\_\_\_\_ Graduate Level? \_\_\_\_ Yes \_\_\_\_ No

College Institution: \_\_\_\_\_

Instructor's Name (if known): \_\_\_\_\_

Date or period when this course/workshop will be taken: \_\_\_\_\_

Is any part of the time or expenses for this course/workshop paid by the school district?

\_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_

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Do any of these credits or hours involve T.V. viewing, correspondence work or self-study?

\_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_

Please briefly state the relationship between this course or workshop and your teaching field or assignment: \_\_\_\_\_

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Signed \_\_\_\_\_

(Signature of Applicant)

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**FOR USE BY ADMINISTRATIVE PERSONNEL ONLY:**

Recommendation of building administrator or supervisor: \_\_\_\_ Approved \_\_\_\_ Denied

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Administrator or Supervisor)

Action by Supt. or School Board: \_\_\_\_ Approved \_\_\_\_ Denied

By \_\_\_\_\_ Date \_\_\_\_\_

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