

REQUEST FOR COURSE APPROVAL

Name: _____ Date: _____

I hereby request approval of the following college courses:

_____ graduate credits toward
graduate degree

_____ graduate credits beyond
Master's degree

_____ PDP Verification Form (6 credits)

College/University	Course name and No#	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____

A copy of the catalog or brochure course description, number and credits **must** be attached.

PLEASE SUBMIT IN DUPLICATE

Teacher Signature

Request Approval:

Date

Signature of District Administrator

(All forms must be forwarded to the District for the District Administrator's approval prior to enrolling or beginning a course.)