

APPROVAL REQUEST FORM For Graduate Coursework Compensation



❖ **General Information**

Employee Name: _____ Date: _____

Current Assignment: _____ Location(s): _____

❖ **Course Information** – *(Please list one course per form and must be submitted prior to course enrollment).*

Course # _____ College/University _____

Course Title _____

of Credits**: _____ Beginning Date: _____ End Date (Approximate): _____

*(**A transcript or official grade report must be submitted to Human Resources upon completion of course to receive compensation.)*

❖ **Course Objective(s)** *(Identify the District or building professional development goal(s) that this course will address)*

❖ **Course Narrative(s)** *(For each goal identified above, provide a short narrative explaining how this course will contribute to the achievement of the goal(s) and enhance student learning)*

❖ **Administrative Response** *(Questions, Concerns, Remarks)*

Building Level Approval by:

Signature – Building Level Administrator

Date

District Level Approval by:

Signature – Superintendent or Designee Signature

Date