

## 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

\_\_\_\_\_

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.