

# 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)*

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**District Level Approval by:**

\_\_\_\_\_  
*Signature – Superintendent or Designee Signature*

\_\_\_\_\_  
*Date*