



FOWLER ELEMENTARY SCHOOL DISTRICT

REQUEST FOR PRIOR APPROVAL OF CONTINUING EDUCATION CREDITS

This request must be completed and submitted to Curriculum Services.

In order to use credit hours towards advancement on the certified salary scale or classified reimbursement, approval must be received prior to registration.

Employee Name (Printed): _____ Certified Employee Classified Employee

Current School Site: _____ Classroom Phone Extension: _____

I wish to take the following course(s) for professional growth during _____ semester of the _____ - _____ school year. If courses are part of a master's program, attach a copy of the program of study to this request.

University / College	Course Number	Course Name	Credit / Contact Hours

*See Fowler Board Policy GCI/GDM for further information

Give a brief course description and tell how this course will benefit your classroom/school: _____

Employee Signature: _____ Date: _____

Director/Principal Signature: _____ Date: _____

For District Office Use Only

Approved by: _____ Date: _____

Disapproved by: _____ Date: _____

Reason: _____