

This form must be completed in full before Principal Signature.

PROFESSIONAL GROWTH REQUEST

2019-2020

NOT FOR TUITION REIMBURSEMENT

DATE OF REQUEST: \_\_\_\_\_

Requestor Signature verifying request date meets all requirements (current school year through summer & prior to taking the class)

REQUESTOR NAME: \_\_\_\_\_

Written approval prior to a course being taken is required for all Professional Growth requests. In order for the university credits to be allowed for move-over on the salary schedule, they must be graduate level (500 and above) courses.

I would like to take the following course(s) during the current school year term or following summer:

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_; Date(s) for Coursework: \_\_\_\_\_

[ ] I am requesting this course because I am in the following program: \_\_\_\_\_

[ ] I am requesting this course; however, I am not in a particular program.

My current teaching assignment is \_\_\_\_\_

I am certified to teach: \_\_\_\_\_

COURSE DESCRIPTION - Must Be GRADUATE Level Courses (500 & Above)

(Indicate Qt. OR Sem. - NOT BOTH)

Table with 5 columns: Course #, College or University, Name of Course, # Qt. Hr., # Sem. Hr.

APPROVED: [ ] DISAPPROVED: [ ] Principal Signature Date

Reason for Disapproval: \_\_\_\_\_

ONCE YOU OBTAIN YOUR PRINCIPAL'S SIGNATURE, RETURN THIS DOCUMENT TO THE HR DEPT.

APPROVED: [ ] DISAPPROVED: [ ] Curriculum Director Signature Date

Reason for Disapproval: \_\_\_\_\_

APPROVED: [ ] DISAPPROVED: [ ] HR Dept. Signature Date

Reason for Disapproval: \_\_\_\_\_

Date copy was returned to teacher: \_\_\_\_\_

(A copy of this fully signed form must accompany your transcript when sending to the HR Dept.)