



## COURSE PRE-APPROVAL FORM FOR TEACHERS

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_

**This portion is to be completed for individual classes only:**

College/University: \_\_\_\_\_

Course # and title: \_\_\_\_\_

Total Credit hours: \_\_\_\_\_

Date(s) of course: \_\_\_\_\_

Course description: \_\_\_\_\_

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**OR**

**This portion is to be completed for certification programs only:**

College/University: \_\_\_\_\_

Program: Admin Type 75\_\_\_\_ Curr. & Instr.\_\_\_\_ ELL\_\_\_\_ Reading\_\_\_\_ Other\_\_\_\_

Total Credit hours: \_\_\_\_\_

Please attach program courses & description from college/university.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use Only

Approved

Disapproved

Signed: \_\_\_\_\_ Date: \_\_\_\_\_