

AUBURN PUBLIC SCHOOLS
Auburn, Massachusetts



APPLICATION FOR APPROVAL OF A COURSE

This application is for: Salary Credit Professional Improvement Both

Name: _____

School: _____

Present Teaching Assignment: _____

This application MUST be submitted in duplicate BEFORE matriculation in any course. Both copies must be forwarded to the Superintendent's Office for approval or disapproval. One copy will be returned to the teacher and the other will be kept on file at Central Office. Following completion of the course, evidence of successful completion must be forwarded to the Office of the Superintendent by way of an official grade report indicating a grade of 3.0/B or higher.

Accredited College or University: _____
 Check if on-line

Date Course Begins: _____

<u>Title of Course</u>	<u>Course #</u>	<u>Instructor</u>	<u>Day & Time</u>	<u>Credit Value</u>

This course relates to (check all that apply):

- District focus. How? _____
- School Improvement Plan. How? _____
- My Professional Development Plan. How? _____

I request approval of the course noted above and certify that the information as stated is correct.

Date: _____

Signature of Applicant: _____

Date: _____

Approved by: _____
(Principal)

Date: _____

Approved by: _____
(Assistant Superintendent)

Date: _____

Approved by: _____
(Superintendent)