

# Course Pre-Approval Form

Mannheim School District 83

Graduate Credit

Board Credit

**Directions:** When all information is complete and accurate, print and send to Mrs. Petrasek.

Teacher: _____	Date of request: _____
School: <input type="checkbox"/> AC <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> W	Position: _____

Name of course: _____	
Course number: _____	College/University: _____
Department: (e.g. Elem. Ed., Reading, Spec. Ed., etc.) _____	
Number of semester hours: _____ <b>or</b> Number of quarter hours: _____	
Schedule: Day(s) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Dates: _____	
Times: _____	Number of Weeks: _____
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <b>OR</b>	
Quarter: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	

Are you working toward an advanced degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Degree: _____
<b>Note:</b> Teachers enrolled in a degreed program should get all their coursework approved by the Superintendent at one time.

How will this course help you in your present assignment?          
<b>NOTE:</b> All course work must be approved prior to enrolling in a class. No approval will be granted after the fact.
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Superintendent's Signature: _____