

# Heritage School District No. 8

## Course Approval Request

Teachers must receive approval before taking classes for horizontal movement on the salary schedule and for tuition reimbursement. This form must be completed in duplicate and submitted to the Superintendent before the first class meeting. One copy will be returned indicating approval or disapproval of the course. One copy will be placed in the employee's personnel file.

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

Institution: \_\_\_\_\_

Course Name: \_\_\_\_\_

Description: \_\_\_\_\_

Inclusive Dates - From: \_\_\_\_\_ To: \_\_\_\_\_

Semester Hours - (convert units or quarters to semester) \_\_\_\_\_

Have you previously taken this or a similar course: Yes / No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Notes / Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Office Use Only

Request is: Approved / Disapproved

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

\_\_\_\_\_