

SARANAC CENTRAL SCHOOL DISTRICT

FORM FOR APPROVAL OF GRADUATE COURSES AND/OR IN-SERVICE CREDIT

INSTRUCTIONS TO TEACHERS:

Please file this completed form with the District Superintendent in duplicate prior to enrollment if you desire credit as per contract. One copy will be signed and returned and the other placed in your folder.

APPROVAL REQUEST – GRADUATE COURSE(S)

It is my intention to take the following graduate course(s) at _____

beginning on _____ and ending on _____

Course No. _____ Title _____ # Grad Hrs. _____

Course No. _____ Title _____ # Grad Hrs. _____

Course No. _____ Title _____ # Grad Hrs. _____

APPROVAL REQUEST – IN-SERVICE COURSE FOR CREDIT

It is my intention to take the following in-service course at _____

beginning on _____ and ending on _____

Course No. _____ Title _____ # Credit Hrs. _____

Course No. _____ Title _____ # Credit Hrs. _____

Course No. _____ Title _____ # Credit Hrs. _____

Date: _____

Print Name: _____

Signature: _____

APPROVAL GRANTED – DATE: _____

SIGNED _____
(Superintendent of Schools)

APPROVAL DENIED – DATE: _____

SIGNED _____
(Superintendent of Schools)