

# ***SUBJECT APPROVAL***

|  |   |                   |
|--|---|-------------------|
| <i>Date</i>  |   |                   |
| <i>Name</i>  | <i>Position</i>                         |                   |
| <i>Subject</i>   | <i>Date Subject Taken (Be Specific)</i> | <i>To</i>         |
| <i>When were you last in school or when did you last earn college credits?</i> |   |                   |
| <i>Where is this subject to be taken?</i>                                      | <i>From what school?</i>                |                   |
| <i>Are you enrolled in Graduate School?</i>                                    |   |                   |
| <i>If not, how will this course relate to your teaching?</i>                   |   |                   |
| <i>Is this subject being taken to meet requirements for a graduate degree?</i> |   |                   |
|  |   |                   |
| <i>Subject Number</i>  | <i>Name</i>                             | <i>Credits</i>    |
|  |   |                   |
|  |   |                   |
|  |   |                   |
|  |   |                   |
|  |   |                   |
| <i>Approved by</i> _____   |   | <i>Date</i> _____ |

CREDIT WILL ONLY BE GIVEN FOR 4 SEMESTER HOURS DURING EACH SEMESTER THAT SCHOOL IS IN SESSION.

After course is completed, please check with the university to make sure that an official transcript is mailed to the superintendent's office. The transcript must be in the superintendent's office by September 15.

Fill out in duplicate - Original to Mrs. Hadjan  
Copy for your records.