



Maine School Administrative District #12

COURSE APPROVAL REQUEST

This form must be submitted to superintendent's office for approval prior to registration for the course.

Name: _____

Will this course or professional development activity will be used for recertification?

_____ **YES**
Prior approval through the Professional Learning Community Support System Chairperson for approval is required.

_____ **NO**

Will the earned credits result in a change in degree or salary status?

_____ **YES**
Explain: _____

_____ **NO**

Course #	Title	College/Univ.	Credit Hours

Purpose of Course(s): _____

Account #: _____

Cost Per Credit Hour: _____

Rate: \$279/Credit Hour Undergraduate

Rate: \$418/credit hour Graduate

Anticipated Fees: _____

Anticipated Textbook Cost: _____

Combined Fees/Texbooks: <= \$400.00

Total Cost: _____

Date of First Class: _____

Anticipated Date of Completion: _____

Employee Signature

Date Submitted

OFFICE USE ONLY

APPROVED: _____ NOT APPROVED: _____ REASON: _____

PRINCIPAL'S SIGNATURE: _____

DATE

SUPERINTENDENT'S SIGNATURE: _____

DATE

