

SKANEATELES CENTRAL SCHOOL DISTRICT

Request For Prior Approval – College Courses

In accordance with Article IX of the Professional Agreement, I hereby request prior approval for the course(s) identified on this form.

Type of Compensation

Salary Credit

Purpose of Coursework

Required for permanent/professional certification in my tenure area

Required for Master's Degree in my tenure area

Coursework will strengthen my background in a specific area related to my teaching assignment at the Skaneateles Central School District. This choice is only available for staff members who have permanent/professional certification and/or a Master's Degree. Please describe below how this course(s) will enhance your content knowledge and/or instructional ability (if you need additional space, please use the back of this sheet or attach another sheet).

Course Title	Course Number	College/University	Credit Hours	Semester	Year	Approval
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Teacher's Name (Please Print): _____

Teacher's Signature: _____ **Date:** _____

Superintendent's Signature: _____ **Date:** _____

A copy of this form will be returned to the staff member. Please retain the copy for your records.