

REGIONAL SCHOOL DISTRICT NO. 17
Office of the Superintendent

TO: Howard J. Thiery
Superintendent of Schools

DATE: _____

FROM: _____

RE: Request for Course/Planned Program Approval

1. Name of school or college _____

2. Course number and title or program name _____

3. Starting date _____ Anticipated ending date _____

4. Catalog description or statement regarding the value of the course/program to the school

5. Basis for request (please answer yes or no)

This course/planned program is directly related to my teaching assignment _____

This course is part of an approved planned program _____

Requests must be accompanied by a copy of the approved planned program and copy of the course description from program booklet _____

Date submitted

Signature of Applicant

Approved

Not approved

Date

Superintendent of Schools