

ST. HELENA UNIFIED SCHOOL DISTRICT
PROFESSIONAL DEVELOPMENT APPROVAL REQUEST—COLLEGE/UNIVERSITY CREDIT

PRIOR APPROVAL REQUIRED

NAME: _____ DATE: _____

I respectfully request approval for the course, workshop, project, other (circle one) entitled:

_____ at _____ College

Course Number Sem/Quarter Unit Starting Date Completion Date

Description of requested course, etc. _____

Current Teaching Assignment _____

Degree or credential objective _____ Other _____

Contribution to present assignment and/or professional growth:

Teacher's Signature

Chief Academic/Human Resources Officer

Approve Disapprove

Copies: District Office
Applicant