

REQUEST FOR PRIOR ADMINISTRATIVE APPROVAL FOR ADDITIONAL COURSEWORK

Name: _____

Position: _____

College/University: _____

Course Title: _____

Course #: _____ Semester: _____

Date Course Taught: _____ Semester Hours: _____

Please provide **documentation of course content** and the reason(s) you wish to take the course. If the course is required for an Illinois State Board of Education special education certificate or letter or approval, attach a copy of ISBE's official "Deficiency Statement".

Signature

Date:

Approved: _____	Disapproved: _____
_____ Direct Supervisor	_____ Date

Approved: _____	Disapproved: _____
_____ Assistant Director for Human Resources	_____ Date