

DIXON PUBLIC SCHOOLS #170

"A Place to Grow"

www.dps170.org

1335 Franklin Grove Road
Dixon, Illinois 61021

Phone: (815) 284-7722
Fax: (815) 284-8576

(Date)

Request for Approval of College Courses

Employee Name: _____ Building: _____
(Complete and send to the Superintendent's Office two weeks prior to the start of the course.)

College or University: _____

Semester/Quarter/Trimester: _____
(Class Start Date) (Class End Date)

Location of Class Meetings (City): _____

* Please attach a copy of the degree program, if pursuing one, to the initial Request for Approval.

* If not pursuing a degree, please attach a copy of the course description.

List Department, Course Number, Course Name, and Hours to be Earned

1. _____
2. _____
3. _____

Credit is for (Check Appropriate Spaces):

Paraprofessionals: _____ Highly Qualified _____ Advanced placement & salary

Certified: _____ Bachelors plus 15 hours _____ Masters Degree
_____ Masters plus 15 hours _____ Masters plus 30 hours
_____ For Certificate Endorsement _____ For Salary Schedule Movement
but no tuition reimbursement

Credit will not be given for advancement on the salary schedule, nor will reimbursement be made, for any course which duplicates credit previously earned.

Employee Signature

Administrative Office Use Only

Approved _____ Not Approved _____

(Superintendent's Signature & Date)