

TWIN RIVERS UNIFIED SCHOOL DISTRICT
EDUCATIONAL SERVICES DIVISION

PRIOR APPROVAL OF UNIVERSITY OR COLLEGE COURSES

Name: _____ School Site: _____ Grade Level/Subject: _____ Special Education? Y or N (circle one)

Course Number	Course Name	Course Description (Attach catalog summary)	College/University	Date to be Taken	Units (Qtr./Sem.)

FILL OUT THIS FORM, ATTACH COURSE DESCRIPTION(S), AND RETURN IT TO THE PROFESSIONAL DEVELOPMENT DEPARTMENT IN EDUCATIONAL SERVICES FOR APPROVAL.

Salary advancement is subject to receipt of official sealed transcript and final review by Human Resources Technician.

Teacher Signature _____ Date Signed _____

Principal Signature _____ Date Signed _____

Approval –Professional Development Designee
Educational Services _____ Date Signed _____

Internal Use Only: CC: Human Resources CC: Educational Services CC: Teacher