

Desert Sands Unified School District
STAFF DEVELOPMENT
PRIOR APPROVAL FOR UPPER DIVISION COURSEWORK
(Course #'s 300 - 1000)

1. Applicant must complete all requested information on this form.
2. Submit this form and course description to **IMMEDIATE SUPERVISOR** for signature at least 10 days prior to the start of course.
3. Prior to the beginning of coursework, submit original copy of signed Prior Approval Form to the Certificated Personnel Office with course description attached.

Name: _____ Date: _____

School: _____ Present Teaching Assignment: _____

College/University: _____ Date of Coursework: _____

Course Title: _____

Course Number: _____ Units: _____ Quarter _____ Semester

College/University: _____ Date of Coursework: _____

Course Title: _____

Course Number: _____ Units: _____ Quarter _____ Semester

College/University: _____ Date of Coursework: _____

Course Title: _____

Course Number: _____ Units: _____ Quarter _____ Semester

Please indicate an X in one of the following:

- _____ 1. This request is relevant to my present teaching assignment.
- _____ 2. This request allows me to expand my assignment range within the District.
- _____ 3. This request reflects the goals and objectives stated within the Professional Growth Philosophy.

COMMENTS: _____

_____ Approval (by immediate supervisor within 5 days)

_____ Denial (by immediate supervisor within 5 days)

Signature _____ Date: _____