



COLLEGE or CAREER TECHNICAL COURSE CREDIT REQUEST

1. IDENTIFICATION

NAME:

DISTRICT ID:

DATE:

SCHOOL:

ASSIGNMENT:

2. INFORMATION ABOUT COURSE

INSTITUTION offering Course:

Course title:

Date of Course: from _____ to _____

Hours of Credit (Indicate quarter or semester):

Relation of Course to Needs (either Individual, School, or District):

Documentation of Successful Completion Must Be Attached

3. APPROVAL (office use only)

Professional Development Director:

Date: