

## LAS CRUCES PUBLIC SCHOOLS COURSE APPROVAL FORM

\_\_\_\_\_  
Employee's Name (please print)

\_\_\_\_\_  
Social Security Number

**FOR CERTIFICATION** - LICENSURE/FILE #- \_\_\_\_\_

I request approval for the following course(s) which I propose to take toward the renewal of my \_\_\_\_\_ license which expires June 30, \_\_\_\_\_ I do not have credit in this course(s). I have completed \_\_\_\_\_ hours previously, toward the renewal of this license.

Elem. or Sec.  
No. of Hrs.

**FOR SALARY PURPOSES**  
Only official transcript(s) from an accredited institution are acceptable in order to receive credit.

I request approval of the following course(s) to be used in determining salary schedule placement.

Institution Name:	Course #-	Course Title:	Credit Hours:
_____	_____	_____	<input type="checkbox"/> Graduate
_____	_____	_____	<input type="checkbox"/> Undergraduate
_____	_____	_____	<input type="checkbox"/> Graduate
_____	_____	_____	<input type="checkbox"/> Undergraduate
_____	_____	_____	<input type="checkbox"/> Graduate
_____	_____	_____	<input type="checkbox"/> Undergraduate

\*For out-of-state institutions indicate City and State.

My reasons for taking the above listed course(s) are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Recommending Principal Signature

I hereby approve the course(s) listed above as course(s) which will contribute to the professional growth and the usefulness of this teacher in the classroom.

\_\_\_\_\_  
Deputy Superintendent for Instruction

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Supt. for Human Resources

\_\_\_\_\_  
Date

Distribution: Human Resources  
Instruction  
Employee

Revised 9/18/01