

**MORAGA SCHOOL DISTRICT
COLLEGE COURSE WORK
REQUEST FOR APPROVAL FORM**

Teacher's Name _____

Date _____

Check School: Camino Pablo Rheem Los Perales Joaquin Moraga

Title of Course:

Semester Units _____

(15 class hours per unit)

Quarter Units _____

(10 class hours per unit)

Course offered by _____

Dates course given _____

Hours course given _____

Description of course: Include its relation to the scope of the District curriculum.

Number of semester units completed since July 1st of this school year _____

Recommendation of Principal:

Acceptable

Review request

(Comment by Principal)

Principal's Signature

Date

Action by Director of Educational Services:

Approval of Request

Referral to Professional Growth Committee

Director of Educational Services

Date

Transcripts must be submitted to District Office by October 1st.

Revised: 2/20/2001

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