

Advanced Training Program Pre-Approval Form - Teachers

Pre-approval is required before participation.

<u>Requestor Information</u>	
Date:	
Name:	Employee #
Location:	
Grade & Subject taught:	
<u>Instructions</u>	
Complete this form prior to taking courses in an advanced training program if you change. ALL programs must gain approval by the Superintendent prior to beginn non-approved program are at the Superintendent's discretion for approval to us required to be submitted before a lane change will be granted. Reminder: Credits applicable toward a lane change. Submit this form to Human Resources well	ling the program. Credits gained from a se toward a lane change. This form is se that are paid for by the District are no
Please note that approval of this advanced training program does not excuse the reconferences.	requestor from their duty day or
Program Details	
A detailed description of the program and included courses must be atta	ched to this form upon submission.
Name of program	
Post-secondary Institution	
Beginning date of program Estimated completion date	
Other information	
Approval/Denial	
☐ This program has been approved.	
☐ This program has not been approved. Reason:	
Signature of Director of Human Resources	Date

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prior to taking them.**

Columbia Heights Public Schools **create worlds of opportunity for every learner** in partnership with supportive small-town communities by challenging all to discover their talents, unleash their potential and develop tools for lifelong success.

**This is to approve the program only – you still need to fill out the pre-approval form for all credits taken