



**PROFESSIONAL GROWTH APPROVAL FORM
(Revised April, 2021)**

Complete this form in advance of earning credits for professional growth. One copy will be returned to the teacher after approval.

Teacher _____ School _____ Date _____

Total Number of University Credits Submitted _____

Is this course: _____ Online _____ Classroom _____ Video _____ Correspondence

<u>Course</u>	<u>Course Number</u>	<u>Course Dates</u>	<u>Credits</u>	<u>Graduate or Undergraduate</u>	<u>Institution</u>
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Teacher's Signature

The above plan is _____ approved _____ not approved _____ University type credits.

Upon completion of course(s), return a copy of the original transcript to District Office for entry on record.

Date

District Administrator

Original transcript received on _____