

Two Rivers Public School District

PROFESSIONAL GROWTH APPROVAL FORM

(Revised April, 2009)

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 course* _____ *Classroom setting* _____ **Video course*
_____ **Correspondence course*

<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

*Approval requires two or more staff members to take course together.

The above plan is _____ approved _____ not approved for _____ University type credits. Upon completion of course(s), return a copy of the original transcript to the District Office for entry on record.

District Administrator

Date

Original transcript received on _____

Original – District Administrator

Copy - Teacher