

**Independent School District No. 138
North Branch, MN 55056**

PRIOR COURSE APPROVAL for GRADUATE CREDIT

Staff Development funds may not be used for graduate credit.

1. Teacher's name _____
2. Course Name _____
3. Are these graduate credits? _____ Course Number _____
4. Number of credits _____ semester or quarter (**please circle**)
Name of accredited college or university _____
5. Dates course will be taught _____
6. In what areas are you licensed? _____

7. What is your current teaching assignment? _____
8. How is this course germane to your current assignment? (Attach an outline of the course.)
9. Name the district or building goals or objectives related to this course.
10. Does this course duplicate a course you have previously taken? Yes _____ No _____
11. Is this course part of your approved graduate program? Yes _____ No _____
12. Describe the delivery system used in this course.
Is this course independent study? _____
Is this course offered via television or internet? _____
Is this a correspondence course? _____
13. Teacher's signature _____ Date _____
14. Principal's approval:
 - a. This course meets district, building, or principal-approved teacher goals.
 - b. The course is not paid for by the district. The teacher is not being paid by the district or a grant.
 - c. The teacher is attending the course outside of normal contract hours.Principal's signature _____ Date _____
15. Superintendent's signature _____ Date _____

Final approval by the Superintendent is contingent upon receipt and review of official transcript