

DATE _____

JOINT SCHOOL DISTRICT #1, UNION GROVE
CREDIT APPROVAL FORM

EMPLOYEE NAME _____

COURSE TITLE _____

COURSE NUMBER _____

INSTITUTION _____

PURPOSE _____

OF GRADUATE CREDITS _____

Date class starts:

SUMMER

FALL

SPRING

____/____
M Y

____/____
M Y

____/____
M Y

TUITION PAID \$ _____

****Please fill out one form per course**

****Official transcript or grade report is to be sent after completion.**

**** If course is booked, please notify office of any changes.**

Approved _____

Not Approved _____

Date Paid _____

Contract year _____

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