

EAST PALESTINE CITY SCHOOL DISTRICT
Local Professional Development Committee



EDUCATOR REQUEST FOR GRADUATE COURSE APPROVAL

Name: _____

** “Beginning January 1, 2018, the look back period for all LPDC credits submitted for LPDC approval will be within three (3) years of receiving the credit, and the administrator who signs/signed off on the paperwork (as far as other activities request forms) must still be employed by the district.” *Passed at the LPDC meeting held November 14, 2018.*

Graduate Course: *Please complete if you are seeking LPDC approval for Graduate Course Credit.*

a.) Course Number and Name: _____

b.) University: _____

c.) Semester Hours: _____ d.) Dates: _____

e.) Course Description _____

f.) Anticipated Professional Growth: _____

g.) You are reminded that graduate course credits used toward the renewal of a license, must assist you in accomplishing the goals of your Individual Professional Development Plan, and that this plan must address student, district, and educator development needs.

h.) The graduate course transcript or report card must be supplied to the LPDC for final award of credit.

Date of Pre-Approval: _____ LPDC Initials: _____

Date of Course Approval: _____ LPDC Signature: _____

Semester Hours Approved: _____

FORM GRAD_CR
Revised 2/26/2020