

BISHOP UNIFIED SCHOOL DISTRICT

Certificated Continuing Education Unit Approval Form

Name: _____ Date: _____

Course Title: _____

College/University/Workshop: _____

Course number: _____

Date class begins: _____

Total class hours: _____

Number of *Quarter* Units: _____ or

Number of *Semester* Units: _____

Is this course in compliance with your Plan for Advanced Studies?

Yes

No

Will these units change your salary classification during the next school year?

Yes

No

Have you taken this or a similar course during the past four years?

Yes

No

Your Signature: _____

In order to ensure receiving credit for coursework, prior approval must be obtained before taking courses. This form is to be completed and submitted to the principal.

Please attach the course description for the Principal and Superintendent to review.

Date Approved: _____ Principal: _____

Date Approved: _____ Superintendent: _____

Date Received in the District Office: _____