

CROOK COUNTY SCHOOL DISTRICT

This form must be completed in full before Principal Signature.

PROFESSIONAL GROWTH REQUEST

2021-22

NOT FOR TUITION REIMBURSEMENT

DATE OF REQUEST: _____

Requestor Signature verifying request date meets all requirements (current school year through summer & prior to taking the class)

REQUESTOR NAME: _____

Written approval prior to a course being taken is required for all Professional Growth requests. In order for the university credits to be allowed for move-over on the salary schedule, they must be graduate level (500 and above) courses.

I would like to take the following course(s) during the current school year term or following summer:

Fall _____ Winter _____ Spring _____ Summer _____; Date(s) for Coursework: _____

[] I am requesting this course because I am in the following program: _____

[] I am requesting this course; however, I am not in a particular program.

My current teaching assignment is _____

I am certified to teach: _____

COURSE DESCRIPTION - Must Be GRADUATE Level Courses (500 & Above)

(Indicate Qt. OR Sem. - NOT BOTH)

Table with 5 columns: Course #, College or University, Name of Course, # Qt. Hr., # Sem. Hr.

APPROVED: [] DISAPPROVED: [] Principal Signature Date

Reason for Disapproval: _____

ONCE YOU OBTAIN YOUR PRINCIPAL'S SIGNATURE, RETURN THIS DOCUMENT TO THE HR DEPT.

APPROVED: [] DISAPPROVED: [] Curriculum Director Signature Date

Reason for Disapproval: _____

APPROVED: [] DISAPPROVED: [] HR Dept. Signature Date

Reason for Disapproval: _____

Date copy was returned to teacher: _____

(A copy of this fully signed form must accompany your transcript when sending to the HR Dept.)