

Chariton Community School District
Request for Approval of Credits

Teacher: Approval for credits MUST be obtained prior to taking the course. Please complete this form online, forward to your Principal for approval

Principal: Review, initial your approval, forward to superintendent for final approval

Superintendent: Review, initial your approval, forward to Administrative Assistant for processing

Date: _____

Name: _____

Title of Course: _____

Type of Credit: _____ Hours Graduate or Undergraduate

Year _____ Fall Winter Spring Summer

Institution offering course: _____

Teacher Signature: _____

Approval

Disapproval

Principal (initials) _____

Superintendent (initials) _____

Superintendent Comments:

Office Use

Print on yellow paper – put in teacher personnel file

Send copy to Teacher