



# CONTINUING EDUCATION REQUEST FORM

Person Requesting Credit Approval: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Number of Credits Requested: \_\_\_\_\_

Current Placement on Salary Schedule: \_\_\_\_\_ Anticipated Credit Movement: \_\_\_\_\_

College/University: \_\_\_\_\_

Course Title: \_\_\_\_\_

Start/Completion Dates of Course: \_\_\_\_\_

Purpose of Course: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will this course improve my competency in my current position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please attach documentation describing the course/credits to this form and submit to  
Special Education Director.  
Thank you.*

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### FOR OFFICE USE ONLY

Date of Decision: \_\_\_\_\_

\_\_\_\_ APPROVED, Date Notified: \_\_\_\_\_ Number of Credit Hrs Approved: \_\_\_\_\_

\_\_\_\_ NOT APPROVED, Date Notified: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notification Method: \_\_\_Meeting \_\_\_Phone \_\_\_Voice \_\_\_Mail \_\_\_Fax \_\_\_Letter \_\_\_Email