

STAFF DEVELOPMENT APPROVAL FORM

WORKSHOP APPROVAL

Name _____ Date _____
Teacher Requesting

Date(s) of Program _____

Title of Course or Program _____

Name of Sponsor _____

Address of Sponsor _____

Location of Program _____

Teacher Signature

Costs:	Mileage	_____	Comments:
	Housing	_____	
	Meals	_____	
	Fees	_____	
	Materials	_____	
	TOTAL	=====	

Educational Workshop:

Athletic Workshop:

Principal Intl. _____

AD Intl. _____

Principal Intl. _____

ADVANCED DEGREE COURSEWORK APPROVAL

Name _____ Date _____
Teacher Requesting

Date(s) of Program _____ Course Number _____

Title of Course or Program _____

Name of College/University _____

Address of College/University _____

Location of Program _____

Costs:	Tuition	_____	Number of Credits	_____
	Book	_____	Comments	
	TOTAL	=====		

STATE/FEDERAL GRANT YES _____

RC# _____ NO _____

Specify Grant _____

SUPERINTENDENT APPROVAL

DATE