

COURSE PRE-APPROVAL FORM

Complete every line in this box. (PRINT OR TYPE)

Date Submitted _____ School _____

Name _____ Assignment _____

Cert/Author. Endorsement _____ Expiration Date _____

Each teacher/ed. tech. must submit a Short Term Goal for each individual course or activity to be used for the purpose of re-certification/authorization.

This is a Short Term Goal specifying an individual course or activity.

Name of course/activity _____

Brief description of course or activity: (include brochure/flyer.)

Please explain how this course/activity relates to the Maine Learning Results and how it will impact upon your present position and/or the purpose of undertaking it. _____

Date(s) you will be attending _____

Indicate number of credits expected _____
(15 Contact Hrs. = 1.5 C.E.U.'s = 1 Credit)

Upon completion of this course/activity, I will forward the following documentation.

Official Transcript

Time/activity log

Certificate of Completion

Other (specify)

NEXT PAGE MUST BE COMPLETED IF
REIMBURSEMENT IS EXPECTED

LEWISTON SCHOOL DEPARTMENT

I wish to apply for reimbursement of the following course according to the provisions of the negotiated agreement:

Name _____ School _____

Grade _____ Position _____

Name of Course _____

College/Univ. _____ Semester _____

Credits/C.E.U.'s _____

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## For Office Use Only

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

Acct. # \_\_\_\_\_ Amount \_\_\_\_\_