

*This form must be signed by your supervisor **before the course begins.**  
Please allow enough time for final determination by the superintendent.*

**Weatherly Area School District**  
**Course Approval Form**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Current Assignment (grade/subject) \_\_\_\_\_  
Date of Request \_\_\_\_\_

**COURSE INFORMATION**

Name of Course \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Location (Institution/City) \_\_\_\_\_  
Number of Credits/Cost \_\_\_\_\_  
Course Type (circle response)      graduate                  undergraduate                  inservice  
   continuing education    other \_\_\_\_\_

The Course Addresses Professional Development Plan Goal Number(s)      1   2   3   4

Reasons for Enrolling (circle response)      Permanent Certification                  New Area of Certification  
Act 48 requirement                  Recommended by Administrator(s)                  Doctorate  
Master's Degree      +15      +30      +45                  other \_\_\_\_\_

**REASON(S) FOR ENROLLING**

Expected Outcomes: \_\_\_\_\_

Classroom Use: \_\_\_\_\_

Plan for Sharing Information with Colleagues:

Where/When \_\_\_\_\_

Methods \_\_\_\_\_

Recommended Attendance by Faculty in these Areas/Subjects \_\_\_\_\_

**FOR OFFICE USE ONLY**

Recommend \_\_\_\_\_ Not Recommend: Reason \_\_\_\_\_

Date \_\_\_\_\_ Supervisor \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved: Reason \_\_\_\_\_

Date \_\_\_\_\_ Superintendent \_\_\_\_\_

Mr. Daniel M. Malloy, Superintendent