# Program Approval Request Form *CCUSD 301*

Human Resource Department

**All programs must receive prior approval in order to be eligible for salary schedule lane advancement. Approval must be received prior to enrollment in the program.**

Employee Name:  Date:

Building Location:

Department/Grade: Job Title:

University & Program Location (**specify if on-line program**):

Program Title: Program Dates:Years for Program:

Course Title(s): # of Credits:Course Title(s): # of Credits:

Course Title(s): # of Credits:Course Title(s): # of Credits:

Course Title(s): # of Credits:Course Title(s): # of Credits:

Course Title(s): # of Credits:Course Title(s): # of Credits:

Course Title(s): # of Credits:Course Title(s): # of Credits:

Course Title(s): # of Credits:Course Title(s): # of Credits:

Course Title(s): # of Credits:Course Title(s): # of Credits:

Description of Program (cohort): # of Total Credits for Program:

**\*\*\*\*Attach copy of planned programming**

Nature of the Program (check all that apply):

Graduate *degree* program? [ ]  *Post*-graduate degree program? [ ]

 Specify instructional, content specific area:

 Indicate program and degree:

Graduate degree or program in a *non*-instructional, *non*-content specific area? [ ]

 Specify the area and provide rationale for taking program. Attach letter of initial commitment

for site supervision of internship (if applicable):

I will be requesting an NIU Waiver: YES [ ]  ZID**#**  No [ ]

I will be requesting tuition reimbursement: Yes [ ]  No [ ]

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent (or Designee) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Approved Program Denied Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***OFFICE USE ONLY***

 Program Approved Program Denied

NIU Waiver Sent Out Yes No Waiver # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_