# 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:

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***OFFICE USE ONLY***

Program Approved Program Denied

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