

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 # _____