



BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
SOLE SUPERVISORY DISTRICT  
FRANKLIN-ESSEX-HAMILTON COUNTIES

**REQUEST FOR APPROVAL OF COURSES**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

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**Instructions:** Course work that is not required for certification in the area of the teaching assignment must have prior approval of the District Superintendent pursuant to Article X, Section IIB of the Negotiated Agreement. This form should be completed and forwarded to the Deputy Superintendent.

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Course: **Please check one**

Undergraduate:

Graduate:  Beyond Bachelor's Degree

Beyond Master's Degree

Title	Course No.	Number of Credits	Institution	Dates From/To

*Attach course description for each course listed*

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

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

*District Superintendent*