

**SARANAC CENTRAL SCHOOL DISTRICT  
PRIOR APPROVAL FORM**

For graduate or in-service coursework not directly provided by the North County Teacher Resource Center, NYSUT Education Learning Trust or by an accredited college or university that awards graduate degrees in education.

Please attach course description and syllabus or course outline to this form for any coursework below.

Teacher's Name: \_\_\_\_\_ Building: \_\_\_\_\_  
(please print)

Organization Providing Coursework: \_\_\_\_\_

Course No. \_\_\_\_\_ Title: \_\_\_\_\_

☐ In-Service Course      Number of Clock Hours of Instruction: \_\_\_\_\_

☐ Graduate Course      Number of Credit Hours \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

<input type="checkbox"/> Approved for _____ credit hours	<input type="checkbox"/> Denied	Office Use Only
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Organization Providing Coursework: \_\_\_\_\_

Course No. \_\_\_\_\_ Title: \_\_\_\_\_

☐ In-Service Course      Number of Clock Hours of Instruction: \_\_\_\_\_

☐ Graduate Course      Number of Credit Hours \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

<input type="checkbox"/> Approved for _____ credit hours	<input type="checkbox"/> Denied	Office Use Only
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Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_