

BLOOM-CARROLL LOCAL SCHOOL DISTRICT

College/University Coursework Approval Form

Name: _____ Building: _____

College/University Coursework

College/University: _____

Course Title and Course #: _____

Dates of Course: _____

Number of Semester Hours for the Course: _____

Course aligns with standard # _____ which is selected as a goal on my IPDP.

Rationale for your selection and objectives of this course:

Employee signature: _____ Date: _____

This coursework correlates with your IPDP and is: ___ Approved ___ NOT Approved

LPDC Presiding Officer: _____ Date: _____

Reasoning if NOT approved:

TRANSCRIPT VERIFYING GRADES FOR THE COURSE MUST ACCOMPANY THIS FORM OR IT WILL NOT BE PROCESSED FOR HOURS OR REIMBURSEMENT