

FAIRFIELD COUNTY EDUCATIONAL SERVICE CENTER PREAPPROVAL OF UNIVERSITY/COLLEGE COURSE WORK

Submit 2 copies. Please print legibly or type all information.

Name _____ Building _____

Enrolled in Masters Program Yes No

University/College _____

Course Title and Number

No. of Credit Hours _____ Type _____ Semester _____ Quarter _____

Date class begins _____

* Submit items (documentation) for verification upon completion

Write the letter corresponding to the IPDP Obj. which is supported by this activity. _____

Describe how this college course supports student, educator, building, district, and building goals.

Employee's Signature _____ Date _____

LPDC USE:

Reviewed by _____ Date _____

_____ APPROVED _____ NOT APPROVED

Comments: _____

Additional information needed – See highlighted areas and resubmit.