

**SEND THIS FORM TO THE ASSOCIATE SUPERINTENDENT AND HE WILL FORWARD THIS TO THE PDC CHAIRPERSON FOR APPROVAL BOTH SIGNATURES ARE REQUIRED.**

**FORM SHOULD BE FILLED OUT AND APPROVED PRIOR TO ENROLLMENT**

Building Name \_\_\_\_\_

**USD 385  
APPROVAL FOR COLLEGE CREDIT**

Name \_\_\_\_\_

Course Name \_\_\_\_\_ Course # \_\_\_\_\_ # of credit hrs \_\_\_\_\_

Dates of class \_\_\_\_\_ Name of Accredited University \_\_\_\_\_

**Check one:** Credit Classification: \_\_\_\_\_ Lower Division \_\_\_\_\_ Upper Division \_\_\_\_\_ Graduate

**Circle One:**      CONTENT      PROFESSIONAL EDUCATION (Standard # \_\_\_\_\_)

**Circle one goal area below:**

DISTRICT      BLDG 1      BLDG 2      BLDG 3      INDIVIDUAL GOAL

DESCRIPTION OF COURSE OR ATTACH COURSE DESCRIPTION FROM UNIVERSITY:

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EXPLANATION OF HOW THIS CLASS WILL AFFECT YOU AS A TEACHER:

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ASSOCIATE SUPERINTENDENT

APPROVED/DISAPPROVED

\_\_\_\_\_  
DISTRICT PDC CHAIR

\_\_\_\_\_  
DATE

APPROVED/DISAPPROVED