COURSE APPROVAL REQUEST

Name:_____   Date:_____

Course Name (attach course description)	Course Number	Units		College/University*	Instructor	Course Dates	
		Qtr	Sem			Begin	End

Please check one: Fall ☐   Winter ☐   Spring ☐   Summer ☐   Workshop ☐

Is this course to replace a course that is over 10 years old?   Is this course to be held during your normal workday?

Yes ☐   No ☐   Yes ☐   No ☐

Justification: How will the approval of this course enhance your job performance?

Is this course a duplicate?   Yes ☐   No ☐   If yes, please state your reason for duplicating coursework:

Course Approved: Yes ☐   No ☐

Employee Signature:_____   Supervisor's Signature:_____

Date:_____   Date:_____

Course Approved: Yes ☐   No ☐

*College or University must be accredited   Director of HR Signature:_____

Date: _____

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