

CARLSBAD UNIFIED SCHOOL DISTRICT
Carlsbad, California

Date: _____

TO: Assistant Superintendent, Personnel Services

FROM: _____ SCHOOL SITE: _____
(Administrator)

SUBJECT: Approval of Course(s) for Professional Development and Credit on Certificated Salary Schedule

_____ has requested approval to take a course/courses that will contribute to his/her professional expertise and knowledge as well as count toward advancement on the salary schedule.

<u>NAME/NO. OF COURSE(S)</u>	<u>NO. OF UNITS</u>	<u>BEGINNING DATE</u>	<u>ENDING DATE</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSTITUTION: _____

APPLICANT'S COMMENT: _____

SITE ADMINISTRATOR'S RECOMMENDATION: _____

APPROVAL: Yes No Initial: _____ Date: _____

COMMENTS: _____

Date

Assistant Superintendent, Personnel Services