

# Course Approval Request

Submit this form to School Principal for Review

Name: \_\_\_\_\_

Date: \_\_\_\_\_

College/University Name: \_\_\_\_\_

Course Title(s): \_\_\_\_\_

Course Dates: \_\_\_\_\_ Credits: \_\_\_\_\_

In Person    Online    Graduate    Undergraduate

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Tuition Cost: \_\_\_\_\_

Are you Requesting Prepayment?

Budgeted Course?

If no, Other Source of Funding? \_\_\_\_\_

\*Additional Information:

How will you share the knowledge/information you gained from this course?

Staff Signature\* \_\_\_\_\_

\*By signing staff member agrees to provide transcripts showing satisfactory completion of course.

Approved

Authorizing

Denied

Signature \_\_\_\_\_

\*Required Field