

BERKELEY UNIFIED SCHOOL DISTRICT

REQUEST FOR COURSE APPROVAL

This request must be filled out in duplicate and submitted to the Human Resources Office preferably prior to the start date of the course for which approval is being requested but **NO** later than two weeks after the class start date. APPROVAL MUST BE OBTAINED for all course work taken for the purpose of progressing from one column to another column on the salary schedule.

College or University Where Work Is To Be Taken	Inclusive Dates of Enrollment	Title of Course	BUSD School or Dept. Sponsoring Course (if applicable)	Catalogue Number	Credits to be Earned	
					Semester Units	Quarter Units*
	From: _/_/___ To: _/_/___					
	From: _/_/___ To: _/_/___					
	From: _/_/___ To: _/_/___					

* Please remember a quarter-system unit is worth only 2/3 of a semester-system unit

I hereby apply for approval of the courses listed above.

Name

School or Department

Date

Current District Teaching Assignment (Grade/Subject)

Major

Minor

E-mail Address

Contact Phone Number

Approved

Disapproved

Date _____

Assistant Superintendent, Human Resources

Reason(s) for Disapproval:

Employee Copy _____
Human Resources _____