

# Certificated Employee Request for Course Approval

## Galt Joint Union Elementary School District

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Teacher \_\_\_\_\_ School \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

Course(s) Title(s)

1. \_\_\_\_\_  
Course # \_\_\_\_\_ Class Date(s) \_\_\_\_\_ Number of Units \_\_\_\_\_  
Name of College/University \_\_\_\_\_  
Justification: \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
Course # \_\_\_\_\_ Class Date(s) \_\_\_\_\_ Number of Units \_\_\_\_\_  
Name of College/University \_\_\_\_\_  
Justification: \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
Course # \_\_\_\_\_ Class Date(s) \_\_\_\_\_ Number of Units \_\_\_\_\_  
Name of College/University \_\_\_\_\_  
Justification: \_\_\_\_\_  
\_\_\_\_\_

**Total Number of Units Anticipated:** \_\_\_\_\_

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Principal \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

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Human Resources Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

cc: Teacher  
Principal  
Human Resources

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