

# PORTALES MUNICIPAL SCHOOLS COURSE APPROVAL

This is to certify that \_\_\_\_\_ has requested the Administration of the Portales Municipal Schools to approve the course listed below.

Course Number: \_\_\_\_\_

Title: \_\_\_\_\_

Number of semester hours: \_\_\_\_\_

Course Date(s): \_\_\_\_\_

Institution: \_\_\_\_\_

Justification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Request

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\*\*\*\*\*

Action taken:

Approved

Disapproved

\_\_\_\_\_  
Assistant Superintendent's Signature

\_\_\_\_\_  
Date

- ! This form must be submitted for approval of the Assistant Superintendent prior to taking the course.
- ! When hours are completed and an official transcript from the certifying institution is received by the Personnel Office, changes will be made on your personnel records and in the business office. The cut off date for salary changes on hours is October 1.
- ! A copy of the transcript and a copy of the approved course approval should also be given to your building principal for professional development purposes.