

**REQUEST FOR CONSIDERATION OF
NON-GRADUATE LEVEL COURSEWORK
FOR COLUMN MOVEMENT**

Name: _____ Date: _____

COURSE OR WORKSHOP TITLE: _____

INSTITUTION OFFERING COURSE: _____

WILL THIS BE OFFERED FOR CDE CREDIT: ___YES ___NO
IF SO, NUMBER OF CDE CREDITS TO BE AWARDED: _____

IF NON-CDE CREDIT, PLEASE INDICATE TYPE OF CREDIT/NUMBER OF
HOURS AWARDED (e.g. undergraduate, 3 hours): _____

BEFORE THE CLASS BEGINS:

Complete this form and submit to the Director for approval. Attach a copy of a description of the course and a statement showing how this course relates to your teaching assignment.

Submit this approved form to the Business Manager and keep a copy for your records.

AFTER THE CLASS IS COMPLETED:

Submit a copy of the CDE certification/transcript with your copy of the approval form to the Business Manager.

All course work must be completed by the end of Spring Semester for the following school year salary model.

Director's Signature _____

Approved _____

Denied _____