Continuing Education Course Offering Approval Form

For planning and presenting a workshop, training, or in-service
Must be submitted 15 workdays prior to meeting.

Please submit to: Professional Learning and Curriculum Innovation (PLI)

Title of Presentation: _______________________________________________
Targeted Audience (be specific) ________________________________
Date(s): __________________________________________________________
Presentation time hour(s): ____________  Total Number of Hours: ______
Location: _____________________________  Please Advertise (flyer attached): □
Who is/are the presenter(s)?
Name: _______________ Title: _______________ Phone: _______________
Name: _______________ Title: _______________ Phone: _______________
Name: _______________ Title: _______________ Phone: _______________
Name: _______________ Title: _______________ Phone: _______________

Brief, yet detailed description of the presentation:

Sponsoring Administrator: ___________________________ Phone: _______________
Location: __________________________________________________________

FOR DISTRICT USE ONLY

Approved: □□Yes □□No**  SRN#__________________________

__________________________________________________________________

__________________________________________________________________

Approving Designee  Date