

**Weld County Re-5J School District**

**Request for Prior Approval of Coursework**

I am requesting that the following course(s) be approved as additional degree/hours toward horizontal movement on the Certified Salary Schedule. Supporting materials, including course descriptions, degree programs, workshop brochures, etc., are attached to support my request for additional degree/hours toward horizontal movement on the certified salary schedule.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course Name or Professional Development Activity	Semester Hours		College or University /Other

The following courses are approved:

\_\_\_\_\_

\_\_\_\_\_

The following courses(s) are not approved:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Superintendent or Designee Signature

\_\_\_\_\_  
Date