

FILLMORE CENTRAL ISD #2198

Preston, Minnesota

COURSE PRE-APPROVAL FORM

Employee Name: _____ Date: _____

Employee Signature: _____

I hereby request approval for the following courses:

Name of course: _____

Location of course: _____ Course Number: _____

Beginning Date: _____ Ending Date: _____

Day(s) of Week: _____ Time: _____ (AM / PM)

Graduate Credit: Yes: _____ No: _____

Number of semester credits to be earned: _____

Name of course: _____

Location of course: _____ Course Number: _____

Beginning Date: _____ Ending Date: _____

Day(s) of Week: _____ Time: _____ (AM / PM)

Graduate Credit: Yes: _____ No: _____

Number of semester credits to be earned: _____

Approval: Granted _____ Denied _____

Superintendent Signature: _____

*After approval or denial a copy will be returned to employee.
No application will be approved when the date of the application is later than the beginning date of the course.*