

**REQUEST FOR APPROVAL OF GRADUATE COURSES**

Date \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Session: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

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***Approval is requested for the following course(s):***

***Course #1***

College/University \_\_\_\_\_

Course # \_\_\_\_\_ Semester Hours \_\_\_\_\_

Course Title \_\_\_\_\_

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***Course #2***

College/University \_\_\_\_\_

Course # \_\_\_\_\_ Semester Hours \_\_\_\_\_

Course Title \_\_\_\_\_

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If you are working towards a degree or other educational goal, please state:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

*This request form is to be used when requesting courses  
in accordance with the PHEA Contract.*