INDEPENDENT SCHOOL DISTRICT #317
DEER RIVER, MINNESOTA

REQUEST FOR PRE-APPROVAL OF GRADUATE CREDITS

DATE_____

NAME_____HRS OF GRAD CREDIT_____

Name of Course_____

Date(s) of Course_____ College_____

Describe how the course is GERMANE to your teaching assignment:

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Approved by:

_____ _____
Building Principal Date Superintendent Date

Date Course Completed_____

Teacher Signature_____

Validation attached_____

Is this graduate class offered for grade? Yes No