

Haverhill Public Schools

Course and/or Program Approval for Credit

Please attach a copy of your course description or program outline for verification.

In the event that circumstances arise which result in any alteration(s) in the information recorded on this form, it is the applicant's responsibility to notify the Human Resource Department in writing immediately.

Name _____ School _____

Grade and/or subject taught _____

Date of application to take course _____

Title of course _____ Institution offering course _____

Number of credits anticipated _____ Graduate _____ In-service _____

Date course begins _____ Date course ends _____

Days and specific time of class sessions _____

Total number of instructional hours _____

Location of classes (where course will be taught) _____

Short description of content of course _____

How does this course apply to your work? _____

Is this course included in your approved graduate program? Yes _____ No _____

If yes specify Masters _____
Advanced Certificate _____
Doctoral _____

List all other courses which you plan to take in the same semester:

<u>Title</u>	<u>Institution</u>	<u>Dates</u>	<u>Time of Sessions</u>	<u>Location</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Degree(s) held at present:

Date Received: _____

Date Received: _____

Date Received: _____

Signature of Applicant _____ Date _____ Assistant Superintendent _____ Date _____

The official transcript of the graduate course(s) taken must be sent to Human Resources when the course(s) is complete in order to complete the process and receive credit towards classification increases.