

Clyde-Green Springs Local Professional Development Committee
Application for Coursework

Name _____ Date _____

Current Assignment _____ Building **District HS MMS GS SM VS**

NO PREAPPROVAL IS REQUIRED FOR COURSEWORK

COURSEWORK

University or college name _____

Course title _____ Course number _____

Semester hour(s) _____

EXPLAIN HOW THIS COURSE RELATES TO YOUR IPDP: (This must be completed.)

I certify that the information provided in this coursework proposal is true and accurate to the best of my knowledge.

Signature of Applicant

Date of Application



After completing coursework, submit verification (official transcript or grade report) along with this form to the LPDC.

____ Verification attached

____ Semester hours granted

____ Relates to IPDP

Signature of LPDC Chairperson

Date