Windham Exempted Village Schools
Application for Professional Development Program
Approval Request for College Courses

Name _____ School _____

Teaching Area_____ College_____

Title of Course _____

Date of Course_____ to _____ Qtr Hrs._____ Sem Hrs _____

Graduate Credit _____ Undergraduate Credit _____

Teacher Signature _____ Date _____

Approved Not Approved _____ _____
LPDC Chairperson Date

Approved Not Approved _____ _____
Superintendent Date

Reasons for Refusal:

1. _____ Not an Approved Course
2. _____ Allotted Money Exceeded at this Time
3. _____ Other Comments _____

_____

_____

Copy Distribution:

Applicant LPDC Chairperson Superintendent