



BIG HORN COUNTY DISTRICT NUMBER ONE

COURSE APPROVAL FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

SUBJECT/GRADE: \_\_\_\_\_

TEACHING CERTIFICATE ENDORSEMEMNTS

EXTRA-CURRICULAR ASSIGNMENTS

[Empty box for Teaching Certificate Endorsements]

[Empty box for Extra-Curricular Assignments]

PROPOSED COURSE: Please provide the following information about the course plan to take:

Name of Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Course No. \_\_\_\_\_ Course Title \_\_\_\_\_

Number of Semester Credits: \_\_\_\_\_ Date you plan to take this course: \_\_\_\_\_

COURSE DESCRIPTION: Write the description used by the institution.

[Empty box for Course Description]

PURPOSE: Explain why you plan to take this course.

[Empty box for Purpose]

**NOTE: ALL QUESTIONS REGARDING APPROVAL OF COURSES FOR ADVANCEMENT ON THE SALARY SCHEDULE WILL BE ANSWERED BY DISTRICT POLICY FILE: GCBA**

\_\_\_\_\_  
Teachers Signature

\_\_\_\_\_  
Superintendent's Approval

Copy to: [ ] Teacher's File [ ] Teacher