CLIFFSIDE PARK PUBLIC SCHOOLS CLIFFSIDE PARK, NJ 07010

Graduate Course Approval Form

TO:

Certificated Staff

FROM: Sup	perintendent of	Schools				
level course(s) or future job re	must be in the a	applicant's fiel ach course mu	d of area certific ust be approved	mit this form prio ation and directly by the Superinte ent across the gu	y related to cur endent of Scho	rrent job skills
Reimbursemen	t. If so, list all co	ourses you int	-	ny year if you ar ng the year includ	ding any sumn	
	emester course		•	ny year for Fall s ourse(s) if you ar		· ·
PRIOR A	PPROVAL BY	THE SUPER	RINTENDENT	OF SCHOOLS	MUST BE O	BTAINED
School Year:		Cı	urrent Assignme	ent		
1	certifications yo		2			
Semester: FALL 9			SPRING 9		SUMMER 9	
Ocinester. 17	LL 9	31	PRING	9	SUMIN	MER 9
College/ University	Course Number	Course Title	Number of Credits	Time of Day	Meeting Dates	Total Hours
College/	Course	Course	Number of	1	Meeting	<u> </u>
College/	Course	Course	Number of	1	Meeting	<u> </u>
College/ University	Course Number	Course Title	Number of Credits	1	Meeting Dates	Total Hours
College/ University Name of Teache	Course Number	Course Title	Number of Credits School:	Time of Day	Meeting Dates Subject:	Total Hours
College/ University Name of Teache Principal's Sign	Course Number	Course Title	Number of Credits School:	Time of Day Grade:	Meeting Dates Subject: Date:	Total Hours
College/ University Name of Teache Principal's Sign Approved:	Course Number r: nature: Denied:_	Course Title	Number of Credits School: Reason:	Time of Day Grade:	Meeting Dates Subject: Date:	Total Hours