

SWAMPSCOTT PUBLIC SCHOOLS



REQUEST FOR APPROVAL OF PROFESSIONAL CREDITS

Name _____ Date _____

School _____ Teaching Assignment _____

Degree or Preparational Level Already Attained _____

Title of Course _____ No. of Credits _____

Graduate Credit: Yes _____ No _____ If no, please explain: _____

Sponsoring Institute _____ Course No. _____

Date Course Begins _____ Date Course Ends _____

Attach Photostat or Excision of Course Description from Catalogue or Bulletin including # credits:

Optional Additional Information:

Does this course duplicate any other taken within the past five years? _____

If there is a similarity between the title of this course and one approved within the past five years, explain why you believe your request should be approved: _____

Signed: _____
Chairperson, Professional Standards Committee

(office use)

Approved: _____ Disapproved: _____ Other Action Taken: _____
(date) (date)

*Please submit **ALL DOCUMENTATION** to Maureen Caron in the Superintendent's Office
(We no longer require duplicate copies.)*