

YUMA UNION HIGH SCHOOL DISTRICT #70

Professional Advancement Application for approval of **COURSEWORK**

Please Check One:

Administrative

Certified

Support Staff

Name: _____ Job Title/Subject: _____

Site/Campus: _____ Accredited Institution Name: _____

<u>Course Title/Name</u>	<u>Start Date</u>	<u>End Date</u>	<u>Number of Credits</u>	<u>Graduate</u>	<u>Undergraduate</u>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Is the District paying for any part of your **registration** or **time**? YES No

Degree Program – Attach Program of Study/Advisement Check Sheet (required).

Certificate Program – Attach Program of Study/Advisement Check Sheet (required).

Improvement – Provide an explanation for the committee below:

Employee's Signature

Date

Supervisor's Signature

Date

GUIDELINES: - Must be taken through an accredited college, university or certification program.

- For Office Use Only -

Approved

Denied

Authorized Committee Representative

Date

YUMA UNION HIGH SCHOOL DISTRICT #70
Professional Advancement Application for approval of DISTRICT CREDIT

Please Check One:

Administrative

Certified

Support Staff

Name: _____ Job Title/Subject: _____

Site/Campus: _____ Location of Workshop: _____

In-Service Title(s): _____

Number of Clock Hours Requested: _____ Activity Date(s)/Time(s): _____
(15 Clock Hours = 1 District Credit Hour)

Is the District paying for any part of your **registration** or **time**? YES No

***If this activity is taking place during regular work hours, and you will be using PAID LEAVE TIME to attend, then the District IS PAYING for your time.*

Please attach a description of this workshop or give an explanation for the committee of how this activity is going to improve your job performance:

Employee's Signature

Date

Supervisor's Signature

Date

- For Office Use Only -

Approved

Denied

Authorized Committee Representative

Date