

**Pre-Approval Request Form**

Dr. John Ahlemeyer  
Maroa-Forsyth C.U.S.D. #2  
641 E Shafer St  
Forsyth, IL 62535

Dear Dr. Ahlemeyer,

This is a request for pre-approval for further education, which I propose to take under the earned graduate credit provision of our contract.

This work will be taken to: \_\_\_\_\_

Meet the requirements for a Masters in \_\_\_\_\_

Help meet the professional assignment  
in the district \_\_\_\_\_

Class Opening and Closing Date \_\_\_\_\_

Semester hour credits \_\_\_\_\_

UNIVERSITY: \_\_\_\_\_

NAME OF COURSE: \_\_\_\_\_

NUMBER OF COURSE: \_\_\_\_\_

**Please attach a copy of the catalog page showing description of course including name, number and University offering credit.**

This \_\_\_\_\_ will \_\_\_\_\_ will not move me over on the salary schedule.

It is understood that reimbursement will be paid under the regulations, which are in force at the time the course opens. (Copy of policy on back)

\_\_\_\_\_

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

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Approved \_\_\_\_\_ Superintendent's Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

Denied Reason \_\_\_\_\_

\_\_\_\_\_