

**OXFORD PUBLIC SCHOOLS**

**COURSE APPROVAL FORM**

*Please print clearly and submit original to the Superintendent's Office.*

TODAY'S DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

SCHOOL/DEPARTMENT: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

CATALOG NUMBER: \_\_\_\_\_ NUMBER OF CREDITS: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

CATALOG NUMBER: \_\_\_\_\_ NUMBER OF CREDITS: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

CATALOG NUMBER: \_\_\_\_\_ NUMBER OF CREDITS: \_\_\_\_\_

COURSE(S) TO BE TAKEN AT: \_\_\_\_\_  
(College or University)

*Credits earned will be applied towards the fulfillment of the requirements for the following:*

\_\_\_\_\_ BA +15

\_\_\_\_\_ MA +15

\_\_\_\_\_ MA (or BA +45) in education

\_\_\_\_\_ MA +30

\_\_\_\_\_ MA (or BA +45) in subject fields

\_\_\_\_\_ MA +45 (or CAGS)

\_\_\_\_\_ Contract Requirement

RECOMMEND \_\_\_\_\_ DO NOT RECOMMEND \_\_\_\_\_

\_\_\_\_\_  
PRINCIPAL/ADMINISTRATOR

\_\_\_\_\_  
DATE

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**FOR SUPERINTENDENT'S OFFICE USE ONLY**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_  
SUPERINTENDENT OF SCHOOLS

DATE: \_\_\_\_\_