PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT

Statement of Intent to Take Course/Units

To insure proper credit for a course taken, certificated employees need to complete this form. A copy will be returned to you.

I plan to take the following course for salary credit and hereby submit this course for prior approval. *(Prior approval means before you begin the class)*

Is this the first time you have taken this class? ☐ Yes ☐ No

College or University	Department	Course Number	Course Title

Inclusive date of class _____ to _____

Is this an upper division/graduate level course? ☐ Yes ☐ No

How many units? _____ Type of units? Semester Quarter

Course description, or attach a copy of catalog or brochure

_____

_____

_____

Write a brief statement of how this course relates to your current or anticipated assignment in the District, and how it assists with the standards that align with your curriculum.

_____

_____

_____

_____

Employee Name _____
(Print)

_____ _____ _____ _____
Employee Signature Date Position School

_____ _____ ☐ Recommend ☐ Not Recommended
Principal's Signature Date

_____ _____ ☐ Recommend ☐ Not Recommended
District Designee's Signature Date

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