

**FLOWING WELLS SCHOOLS**  
**PRIOR APPROVAL**  
**PROFESSIONAL GROWTH REQUEST**

NAME: \_\_\_\_\_  
(Last) (First)

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

SCHOOL: \_\_\_\_\_

EMPLOYEE ID # \_\_\_\_\_

Documentation attached:

\_\_\_\_\_ A course description from the relevant college catalog or

\_\_\_\_\_ A detailed description of the activity (in-service training, workshop, seminar, or conference).

One (1) credit = fifteen (15) clock hours

<u>COURSE #</u>	<u>COMPLETE COURSE TITLE</u>	<u>GRANTING INSTITUTION</u>	<u>CREDITS / CLOCK HOURS</u>
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HUMAN RESOURCES USE ONLY
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Date Prior Approval Request Received \_\_\_\_\_ Approved  Denied

Administrator's Printed Name \_\_\_\_\_

Administrator's Signature \_\_\_\_\_