

**Wheatland Union High School District
Request for Approval of Proposed
College / University Coursework**

Date: _____

TO: Superintendent
Wheatland Union High School District

I hereby request that the following courses, which I propose to complete and verify by September 1, 20____, be approved:

Completion of the following coursework will advance me to the next column on the salary schedule.

<i>Institution</i>	<i>Course No.</i>	<i>Description</i>	<i>Semester Units</i>
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**Quarter Hours x.67 equals semester hours, 18 hours of lecture work = 1 semester unit.*

Sincerely,

Teacher (Please Print)

Signature

The above course are () Approved () Not Approved

Suggestions:

Signed: _____ Title: _____ Date: _____

For office use:

Verification of above coursework completed:

Date: _____ Units Earned: _____ Transcript Received: _____

Revised: February 2020

Approved: _____
Nicole Newman, Superintendent