

**GOODRICH INDEPENDENT SCHOOL DISTRICT  
REQUEST FOR APPROVAL OF COURSES**

TO: SUPERINTENDENT

FROM: \_\_\_\_\_

I request approval to take the following course(s) to be applied to my 40 hours needed to receive my yearly benefit.

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Location of Course: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Location of Course: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Location of Course: \_\_\_\_\_

Briefly describe how this course relates to your position at Goodrich I.S.D.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All courses must be approved by the Superintendent before enrollment to be assured of your benefit.

All courses must be taken and finished by July 31<sup>st</sup>, and hours must be turned in to the Administration Office by August 5<sup>th</sup>.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Approval

\_\_\_\_\_  
Date