SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT

Preliminary Request for Credit Approval

name	Date
School	Grade/Subject Taught
<u> College Courses</u>	
Institution	No. of Semester Units
Course Title and N	Tumber
	(from catalog)
When do you plan t	to take this course?
District Credit fo	or Inservice or Travel
	ject:
No. of Hours Invol	ved No. of Units you are Requesting
Please notify th project.	is Committee 1 month prior to inception o
_	course work deadline information, refer to S-PT.
Approved	This form should be returned to: Professional Growth Committee c/o S-PJUSD
Denied	