



NON-ACADEMIC CREDIT PRE-APPROVAL FORM

For Participants in Institutes & Workshops

PERSONAL INFORMATION

NAME		SOCIAL SECURITY NUMBER	
MAILING ADDRESS		CITY	STATE
		ZIP CODE	
HOME PHONE NUMBER	EMAIL ADDRESS		

ACTIVITY INFORMATION

PRIOR TO ATTENDING THE INSTITUTE OR WORKSHOP, THE PARTICIPANTS MUST COMPLETE THE FIRST TWO SECTIONS OF THIS FORM AND SUBMIT IT TO THE TEACHER CERTIFICATION OFFICE AT THE ADDRESS BELOW. WITHIN APPROXIMATELY 2 WEEKS YOU WILL RECEIVE NOTICE OF PRE-APPROVAL OR DENIAL.

TITLE OF INSTITUTE OR WORKSHOP	LOCATION (CITY, STATE)
INCLUSIVE DATES OF ACTIVITY	ESTIMATED CONTACT HOURS
SPONSORING ORGANIZATION	

PURPOSE/OBJECTIVE OF INSTITUTE OR WORKSHOP (ATTACH AGENDA):

PRE-APPROVAL

THE ACTIVITY DESCRIBED ABOVE HAS BEEN PRE-APPROVED BY THE TEACHER CERTIFICATION OFFICE FOR NON-ACADEMIC CREDIT
 YES NO

THE ACTIVITY DESCRIBED ABOVE HAS BEEN PRE-APPROVED FOR

NON-ACADEMIC CREDITS

SIGNATURE

DATE

