

EAST PALESTINE CITY SCHOOL DISTRICT
Local Professional Development Committee



EDUCATOR REQUEST FOR GRADUATE COURSE APPROVAL

Name: _____

Graduate Course:

Please complete if you are seeking LPDC approval for Graduate Course Credit.

a.) Course Number and Name: _____

b.) University: _____

c.) Semester Hours: _____ d.) Dates: _____

e.) Course Description _____

f.) Anticipated Professional Growth: _____

g.) You are reminded that graduate course credits used toward the renewal of a license, must assist you in accomplishing the goals of your Individual Professional Development Plan, and that this plan must address student, district, and educator development needs.

h.) The graduate course transcript or report card must be supplied to the LPDC for final award of credit.

Date of Pre-Approval: _____ LPDC Initials: _____

Date of Course Approval: _____ LPDC Signature: _____

Semester Hours Approved: _____