

**DUBLIN UNIFIED SCHOOL DISTRICT
REQUEST FOR APPROVAL OF PROFESSIONAL ADVANCEMENT UNITS**

Name _____ Site _____

Credential(s) _____ Subject/Grade _____

I am requesting semester quarter **College/University** units.

Course Title _____ Course # _____

College/University _____ Units _____ Date(s) _____

I am requesting **District Credit** for the course listed below which is ___ on ___ not on the District-approved list for professional advancement. **I waive any right to university credit for this course.** I understand that District credit is not transferable outside of the District.

Course/Workshop Name _____ # hours _____ # of semester units _____

Location of course _____ Date(s) _____

This course contributes to my professional development in the following ways:

I understand that units for this course will be posted only upon approval of this request, completion of the course, and submission of an official university/college transcript or a District Certificate of Completion for District credit.

Staff Member _____ Date _____

Approved Disapproved, Reasons: _____

Principal/Supervisor _____ Date _____

Approved Disapproved, Reasons: _____

Assistant Superintendent Human Resources _____ Date _____

Review Committee: Approved Disapproved

Committee Chairperson _____ Date _____