Moraga School District
1540 School Street
Moraga, CA 94556
Julie C. Parks, Ed. D., Superintendent

College Course Request for Approval

Teacher's Name_____ Date_____

Check School: ☐ Camino Pablo ☐ Rheem ☐ Los Perales ☐ Joaquin Moraga

Title of Course: _____

Semester Units_____ (15 class hours per unit) Quarter Units_____ (10 class hours per unit)

Course offered by_____

Dates course given_____Hours course given_____

Description of course: Include its relation to the scope of the District curriculum.

_____

_____

_____

Number of semester units completed since July 1st of this school year_____

Recommendation of Principal:

☐ Acceptable

☐ Review request

_____

(Comment by Principal)

_____ _____

Principal's Signature Date

Action by Director of Educational Services:

☐ Approval of Request

☐ Referral to Professional Growth Committee

_____ _____

Director of Educational Services Date

Transcripts must be submitted to District Office by October 1st.