

Teacher Request – Review of Educational Preparation

Date: _____ Employee No.: _____

Employee's Name: _____
Last/Surname First

Home Phone: _____ Cell: _____

Email: _____

The District will add educational preparation areas only after three (3) full year university courses at the third or fourth level in a subject area have been completed – or applicable regulations.

Requested Subject Area: _____

University transcripts indicating **3 or more** full year senior level courses. * ☐ Attached ☐ On file
 (as listed below):

| | | |
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| | | |
| | | |

** For Special Education please attach complete course descriptions from your post-secondary institution(s).*

Notes:

HUMAN RESOURCE SERVICES OFFICE USE ONLY

☐ **Educational Preparation Request Approved** for: _____

☐ **Educational Preparation Request Denied** for: _____

 Signature

 Date