

**EAST CLEVELAND CITY SCHOOL DISTRICT**  
**PRE-APPROVAL OF COLLEGE COURSE WORK**

PLEASE PRINT OR TYPE

**NAME** \_\_\_\_\_ **SCHOOL/OFFICE** \_\_\_\_\_

**COURSE TITLE** \_\_\_\_\_ **COURSE #** \_\_\_\_\_

**Last Degree Attained:**

High School     Associate's     Bachelor's     Master's     Ph.D.     Other \_\_\_\_\_

University Offering Course \_\_\_\_\_ Department \_\_\_\_\_

No. of Credit Hours \_\_\_\_\_ Type (circle one) semester or quarter

Dates of Course \_\_\_\_\_ Time and Location \_\_\_\_\_

*Beginning and Ending dates* (month / day / year)

**Attachments are not accepted.**

**COURSE OBJECTIVES:**

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➤ **ANSWERS NEED TO REFLECT THE KNOWLEDGE YOU WILL GAIN FROM THE COURSEWORK.**

1. How will the knowledge you gain from the coursework benefit you as an educator?  
Reference the Ohio Standards for the Teaching Profession and/or the Ohio Standards for Principals. (<https://education.ohio.gov/Topics/Teaching/Educator-Equity/Ohio-s-Educator-Standards>)

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2. How will the knowledge you gain directly affect STUDENT ACHIEVEMENT? Reference the district's **CURRENT** Revitalization Plan. (<https://www.east-cleveland.k12.oh.us/domain/497>)

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(FORM MUST BE SIGNED AND DATED)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Falsification of any documentation will result in forfeiture of the applicable CEUs or Course Credit or application.**

Official Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Not Approved**

**SUBMIT THIS FORM TO THE PROFESSIONAL DEVELOPMENT COMMITTEE, c/o LPDC SECRETARY, EAST CLEVELAND CITY SCHOOLS BOARD OF EDUCATION, AT LEAST TWO (2) WEEKS BEFORE THE SCHEDULED LPDC MONTHLY MEETING.**