

PEABODY PUBLIC SCHOOLS

APPROVAL OF PROFESSIONAL STUDY FORM

I hereby request approval of a course entitled:

_____ Course No: _____

The Course is a graduate _____ undergraduate _____ course offered at
_____ (School/Institution)

Professor/Instructor: _____

Course Schedule S M T W T F S _____ 20 ____ TO _____ 20 ____
[Circle Day(s)] [Month, Day] [Month, Day]

OF COLLEGE CREDIT(S) _____ IN-SERVICE CREDIT _____

Name of Teacher _____

School _____ Grade/Subject Taught _____

Date _____

*Please return the completed form to the Office of the Assistant Superintendent of Schools.
A copy will be returned to you.*

APPROVED:

☐ Yes

☐ No

Superintendent of Schools or Designee: _____

Date: _____

Note:

This form, properly made out, constitutes the only evidence of approval of a proposed course of study. In order to secure credit for the number of college hours therein stated, and by the means herein proposed, a teacher must, on completion of the course, present a certificate of a passing mark obtained in the course.