McLean County Unit District #5

Additional Coursework/Education/Board Credit Approval

Teacher name:	me: Homebase:							Date of submission:				
<u>Course name</u>	course #	course # Course description				semester/year	<u>Institution</u>				# of credits	
1												
2												
3												
The above course(s)	is/are applic	able for: Ple	ease select th	ose that app	oly-please	note that for PDA bo	oard credit:	6 seat hours =	.5 in board cr	redit.		
*Illinois Licensure Attainment-circle area aligned with Illinois pre approved program		's program -if i tainment, inst accre	itution must b			vancement for advancement only	Subject in field taught related to teaching/educational		Other/Board Credit(specify):			
Principal - Superintendent - CSBO - Gen Adm - Dir Sp Ed- Counselor												
By signing and dating th	is form belov	v, I verify the	e classes liste	ed above are	not the sa	me or similar to cou	rses for wh	ich I have prev	iously obtaine	ed credit.		
								For office Course A	pproved	Course no	ot approved	
Signature of teacher		date:	Signatu	re of Direct	or of Staf	f Development	date:	comments:				
Form must include complete information				Not more than one credit hour will be granted for an experience compressed into one week's time or less								
You may attach photocopies of course information				Teachers are responsible for maintaining their own paper work								
All courses must be graduate level				Any changes or adjustments to approved plans must be communicated prior to receipt of transcript								
Approval must be obtained PRIOR to taking course				**Original transcripts must MATCH information submitted on the Master's plan approval documents								
Questions on licensure?: http://www.isbe.state.il.us/licensure/pdf/ELIS-faq.pdf				*Approved licensure institutions: http://www.isbe.state.il.us/profprep/PDFs/directory.pdf								