## NORTH MAC COMMUNITY UNIT SCHOOL DISTRICT NO. 34

525 N. Third Street, Girard, IL 62640 • Dr. Jay Goble, Superintendent

North Mac High School Mr. Rob Horn Phone: (217)965-4127

Phone: (217)965-4127 Fax: (217)965-4006 North Mac Middle School Mr. John Downs Phone: (217)627-2136 Fax: (217)627-3503 North Mac Intermediate Mr. John Downs Phone: (217)627-2419 Fax: (217)627-3409 North Mac Elementary School Mrs. Michele Cimarossa Phone: (217)965-5424 Fax: (217)965-4342

## COURSE APPROVAL REQUEST\*

This form should be completed, filed and approved with the Unit Office prior to the beginning of the course. Submission must be no later than fourteen (14) days prior to the beginning of the course.

Employee Name:				
Course Name:				
Course Number:				
College/University:				
Number of semester	hours:			
Term:	Fall	Spring	St	ummer
Year:	(e.g. 2021, 2022) F	Part of Degree Prog	gram: Yes	No
Rationale for Course	Approval:			
	Signature:			
*An official tran	script must be received in considered for ed	the Unit Office by ucation block cred	-	ler to be
*******	**************************************	Use********	*******	******
Approved by:			Date:	
Eligible for education	n block consideration: _	Yes	No	
and/	<u>or</u>			
Professional Develop	ment Hours only:	Yes	No	

Phone: (217)627-2915 • Fax: (217)627-3519