

Atlantic Community Schools  
REQUEST FOR APPROVAL BEYOND MASTERS

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Request approval for:

Course(s): \_\_\_\_\_

\_\_\_\_\_

Institution Granting Graduate Credit: \_\_\_\_\_

Brief Explanation of Course or Workshop: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Graduate Credit Outside of Field (Please Explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hours of Graduate Credit Requested: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Signature of Approving Official: \_\_\_\_\_

Date \_\_\_\_\_