

## Educational Review Request

Name \_\_\_\_\_

Date \_\_\_\_\_

Grade Level Taught \_\_\_\_\_

Present Status

BA \_\_\_\_\_ MA/MS \_\_\_\_\_ MA+30 \_\_\_\_\_

Name of class/workshop for approval:

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College/University/Organization offering class

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Hours class meets or credit(s) issued

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Days of class/workshop

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Beginning date

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Are you enrolled in a specific program?

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If so, please identify program.

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How will this particular class help you as a teacher?

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I am requesting approval for credit.

I am requesting potential payment from CEA.

(Reimbursement will only be considered upon successful completion of class/workshop and payment of bill presented.)

Signature \_\_\_\_\_

Please complete entire form above line!

Approved     Denied

Remarks:

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