



BLACK HAWK AREA  
SPECIAL EDUCATION DISTRICT

**BHASED**

Christan Schrader - Director

4670-11TH STREET  
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**REQUEST FOR COURSE APPROVAL**

I am submitting the description of course(s) I will be taking for approval for educational advancement on the salary schedule.

*Please note: Only graduate degrees/courses from accredited institutions/programs will be accepted. (Please attach course description.)*

\_\_\_\_\_  
(course name[s])

Anticipated course initiation and end dates: \_\_\_\_\_  
Initiation Date End Date

\_\_\_\_\_  
Employee's Signature Date



Approved \_\_\_\_\_ Not approved \_\_\_\_\_ Reimbursable \_\_\_\_\_

\_\_\_\_\_  
Director Signature Date