



4670 11th Street
East Moline, IL 61244
309-796-2500
309-796-2911 Fax

Christan Schrader
Director

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's Signature Date