



Kathy Ruggeberg, Ph.D.  
Director

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**REQUEST FOR COURSE APPROVAL**

I, \_\_\_\_\_, am submitting the description of course(s) I will be taking  
(Employee Name)  
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

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

\_\_\_\_\_  
Director's Signature Date