

Concurrent Enrollment Program:

Graduate Course Pre-Approval Form for High School Instructors on Professional Development Plan



MINNESOTA STATE

Instructor Name: _____ Date of Request _____

Contact Phone Number and Email _____

High School: _____ CE course(s) currently teaching: _____

Credential field/discipline: _____ Number of additional in field graduate credits needed: _____

☐ I have received approval from high school principal or school district to enroll in requested graduate coursework.

High School Instructor Signature

Date

NOTE: Attach program outline with course descriptions for each course listed.

Course Number and Name	University	Term & Year	# of Credits	Is this course listed on the Minnesota State approved course list?
Comments:				

For Office Use Only

____ Approve

____ Request More Information

____ Deny

Comments:

Name Printed: Academic Dean

Academic Dean Signature

Date

Vice President of Academic and Student Affairs

Vice President of Academic and Student Affairs Signature

Date