

Ventnor Educational Community Complex
Office of the Superintendent

Course Approval Request

_____ Date

_____ hereby states intention to register in
course(s) listed below. Approval of course (s) by Superintendent prior to
registration is a prerequisite to assure course reimbursement eligibility.

Course	Semester	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTACH CATALOG DESCRIPTION FOR EACH COURSE LISTED.

(Signature of Staff member)

(Superintendent)*

(Date)

*Signature indicates approval.

SUBMIT IN DUPLICATE – ONE COPY WILL BE RETURNED INDICATING
APPROVAL OR DISAPPROVAL.