

**Highland Medina Local Professional Development Committee
Coursework Approval Form**

An Approval Form must be submitted for all Professional Development and it is recommended
to be submitted *prior* to engaging in Professional Development.

Name:	IPDP Approval Date:
Teaching/Work Assignment:	
Date(s) of Professional Development:	
Location of Professional Development:	
Title of Professional Development:	
# of credits:	
Brief Description of Professional Development:	
Approved IPDP Goal(s) applicable to this Professional Development:	

Signature of applicant: _____ Date: _____

*Official Transcript will be necessary to meet all documentation required by LPDC

DO NOT MARK BELOW THIS LINE, FOR LPDC USE ONLY

Revise/Resubmit

Revision Advice:

-OR-

Approval as written

Approval Signature _____ **Date** _____