

**Lowellville Local Professional Development**

**Coursework Proposal**

(NOTE: Unless you are enrolled in an accredited graduate program, you must submit a separate Coursework Proposal page for each proposed course. Otherwise, you may attach a list of course requirements for your graduate degree.)

**Course Title:** \_\_\_\_\_ **Course #:** \_\_\_\_\_

**University/College:** \_\_\_\_\_

**Number of Credit Hours:** \_\_\_\_\_ **OR** **CEUs/PDUs:** \_\_\_\_\_

YES NO NA If you are currently enrolled in a graduate degree program, will this course apply toward fulfillment of that degree?

YES NO NA If you are currently pursuing an additional certificate/license, will this course apply toward fulfillment of that certification/license?

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**Please provide the following information on the next page:**

- ✓ **Provide a brief description of the course.**
- ✓ **Rationale.** Explain the basis for choosing this course.
- ✓ **Benefits.** Describe the anticipated benefits to yourself, students, building, and/or district as a result of successful completion of this course.
- ✓ **Timeline.** Provide a completion date or timeline for the completion of this course.
- ✓ **Dissemination.** If the benefits of this course can be shared with other staff or community members, describe how and with whom you plan to share it.
- ✓ **Additional Comments/Other.**

Provide a brief description of the course:

Rationale:

Benefits:

Timeline:

Dissemination:

Additional Comments/Other:

I certify that the information provided in this Coursework Proposal is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature Date

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**Approval/Disapproval. (This section will be completed by the LPDC.)**

\_\_\_\_\_ This course has been approved as submitted for the equivalent of \_\_\_\_\_ semester hour(s) credit.

\_\_\_\_\_  
Signature of LPDC Chairperson Date

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\_\_\_\_\_ This course has merit but has not been approved as submitted. You may refine the highlighted areas and resubmit the proposal.

\_\_\_\_\_  
Signature of LPDC Chairperson LPDC Review Date

\_\_\_\_\_  
Signature of LPDC Chairperson Approval Date

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\_\_\_\_\_ This course has been denied at this time. The purpose, process, and benefits of the course in relation to your Individual Professional Development Plan are unclear. If you still feel that this course is worthwhile, please redefine and restate your proposal before resubmitting.

\_\_\_\_\_  
Signature of LPDC Chairperson Date

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\* Credit toward certification/licensure will be awarded upon receipt of a transcript/CEU/PDU certificate confirming successful completion of coursework. \*

\* Any certified staff member may personally present a Coursework Proposal by requesting an appointment at a regularly scheduled LPDC meeting. \*