

**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.