

GRIDLEY UNIFIED SCHOOL DISTRICT

UNITS EVALUATION FORM

Name _____

Date _____

Action Requested (check one):

___ Approval of coursework

___ Travel Units -- Professional Development

College or University _____

Course No.	Date of Course	Title	Units

How does this curriculum apply to your teaching assignment: _____

Did the District pay for any costs related to this class, e.g. registration fees, reimbursements, etc.?

___ Yes ___ No

Principal's Recommendation

Approved _____
Disapproved _____
Date _____

Superintendent's Action

Approved _____
Disapproved _____
Date _____