

RENEWAL CREDIT PRE-APPROVAL FORM

Last Name: _____ First Name: _____

Social Security Number: _____ or Certificate # _____

Section I: Descriptive Information (To be completed by the educator)

Activity Title: _____

Sponsoring District or Agency: _Charleston County School District _____

Dates of Participation: _____

The following number of renewal credits will be earned through this course/activity: _____

Description of Objectives of the Training:

Justification: How does this training relate to your Professional Growth and Develop Plan?

Section II: Pre-Approval (Required for completion by the principal/supervisor prior to the educator's participation in the training)

Based on the information provided, is this training an appropriate certificate renewal option for this educator based on his/her GBE goals? YES NO If no, state reason below.

Signature of Principal/Supervisor: _____

Title: _____ Date: _____

Reason for Denial:

If the course or activity is included on the educator's GBE, pre-approval is not required.