

Form A: Classroom Courses

BURBANK UNIFIED SCHOOL DISTRICT

APPLICATION FOR EVALUATION OF PROFESSIONAL GROWTH UNITS (To Be Used For Submission of CLASSROOM Courses Only - NOT Online Courses) See BUSD web site for list of approved courses - www.burbank.k12.ca.us

APPLICATION SHOULD BE SUBMITTED AND APPROVED PRIOR TO TAKING THE COURSE See BUSD web site for PAC meeting schedule - www.burbank.k12.ca.us

Teacher's Name			Date	Date Submitted Grade(s) or Subject(s) Taught		
			Grad			
	sired, and the cours				ancement Committee (PAC) for sion, graduate courses and pre-	
Course Title		Course Number	Colle	ege or Univers	sity	
Write Brief Course Description	n*					
* if possible, attach course in	formation from cata	llog, brochure or flyer	describing units	given and da	ays/hours of instruction.	
	,	Hours of Classroom Instruction	Date Course	Will Begin	Date Course Will End	
** Progress on the salary sch requires 10 hours of class tin					ass time while one quarter unit	
Provide information as to how	v this course would	impact your classroor	m and/or grade(s) or subject(s) taught:	
Provide information regardin level or subject to be taught):		u wish to take this co	urse (i.e. for ad	ditional crede	ential or degree, changing grade	
Signature of Applicant				Date		
I have reviewed and approve	d this application fo	or submission to the P	rofessional Adva	ancement Co	mmittee.	
Signature of Site Principal				Date		

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