



**FALMOUTH PUBLIC SCHOOLS**  
FALMOUTH, MASSACHUSETTS

**REQUEST FOR COURSE APPROVAL**

*(If you will be receiving graduate credit, it is not necessary to complete this form)*

Name \_\_\_\_\_ School \_\_\_\_\_

Title of Course \_\_\_\_\_

College/University/Organization \_\_\_\_\_ Number of Credit Hours \_\_\_\_\_

Course Description: You may attach a copy of the course description. Include an explanation of how this course relates to implementing the learning standards of the curriculum frameworks.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Your Request for Course Approval Has Been:

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Please provide further information as indicated.

\_\_\_\_\_

Assistant Superintendent/Director of Curriculum and Instruction

\_\_\_\_\_

Date