

# Central Massachusetts Collaborative

## COURSE APPROVAL FORM

### Employee Information

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
School/Program

\_\_\_\_\_  
Position

\_\_\_\_\_  
Current Pay Level

\_\_\_\_\_  
Current Number of Credits Beyond Highest Degree

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Course Information

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

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Credit/PDP

\_\_\_\_\_  
How is it related to your license?

\_\_\_\_\_  
Dates(s) and Time(s) of Course

\_\_\_\_\_  
Program Director Approval

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

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Credit/PDP

\_\_\_\_\_  
How is it related to your license?

\_\_\_\_\_  
Dates(s) and Time(s) of Course

\_\_\_\_\_  
Program Director Approval

### CMC Approval

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

FY24