

NORTHERN POTTER SCHOOL DISTRICT  
Act 48 Activity/Course Approval Form

PLEASE FORWARD THIS COMPLETED FORM TO THE SUPERINTENDENT  
OF SCHOOLS AT LEAST TWO WEEKS PRIOR TO THE ACTIVITY.

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Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Seeking approval for (check one):

\_\_\_\_\_ College/University Credits or In-service Course

\_\_\_\_\_ Hours

Title of Training: \_\_\_\_\_

Course Number: \_\_\_\_\_

Number of Credits: \_\_\_\_\_ or Number of Hours: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Date Course/Hours Begins: \_\_\_\_\_ Date Course/Hours Ends: \_\_\_\_\_

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How does this activity pertain to your professional education and improved instruction for students?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**NOTE: SECTION BELOW TO BE COMPLETED BY THE SUPERINTENDENT OF SCHOOLS.**

\_\_\_\_\_ ACTIVITY APPROVED

\_\_\_\_\_ ACTIVITY DISAPPROVED

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

Does this course/activity meet the requirements of the Northern Potter School District Act 48 Professional Education Plan?

\_\_\_\_\_ YES

\_\_\_\_\_ NO