

OUTSIDE OF DISTRICT

**NOTE: This request form must be approved prior to the start of the course/activity.**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Program \_\_\_\_\_ Date submitted: \_\_\_\_\_

\*Number of CEU Equivalent hours requested \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Date: \_\_\_\_\_

Type of CEU Equivalent Request (place an X in front of the type of equivalent):

\_\_\_\_\_ College or University Study      \_\_\_\_\_ Independent Activity      \_\_\_\_\_ other  
(please amplify on back)  
\_\_\_\_\_ Workshop or Conference (attendance at)      \_\_\_\_\_ Presenter of Workshop

A. What personal and/or professional development program need will be addressed by this proposal?

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

B. How will this activity enhance your ability to improve student learning?

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

1. Title of Activity \_\_\_\_\_ Date of Activity \_\_\_\_\_

2. Location of Activity \_\_\_\_\_ # of hours involved \_\_\_\_\_

3. Description of Activity \_\_\_\_\_

**Activity brochure or printed information must be attached.**

C. Anticipated evidence of accomplishment. What do you expect to be able to provide to document both participation and the benefits to New Fairfield students?

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

D. Will this professional development experience require (please check):

\_\_\_\_\_ Release time?      \_\_\_\_\_ Reimbursement for authorized expenses?

**CEU MANAGER'S DETERMINATION:**

Application approved \_\_\_\_\_

Application denied \_\_\_\_\_

**CEU Manager's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_