

**Euclid City Schools**  
**Euclid Professional Development Committee (EPDC)**

**APPLICATION FOR OUT of DISTRICT COURSE CREDIT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Building \_\_\_\_\_ Subject Taught \_\_\_\_\_

Name of Workshop \_\_\_\_\_

Date(s) of Workshop \_\_\_\_\_

Sponsoring organization \_\_\_\_\_

Brief description of topic: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What value do you see in your attendance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Actual contact hours \_\_\_\_\_ (Cannot include time spent for registration, breaks, lunch, etc.)

**Attach a course flyer or detailed information and time schedule when available.**

\_\_\_\_\_  
Signature of Applicant

**Participants please note:** You are responsible for having the instructor sign either a Participation Certificate or Course Completion Certificate. At the end of the school year attach your certificate to your summary sheet and submit to the secretary of the EPDC.

Approved

Not Approved

\_\_\_\_\_  
EPDC Signature

\_\_\_\_\_  
Date