

**Ventnor Educational Community Complex  
Office of the Superintendent**

**Course Approval Request**

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

\_\_\_\_\_ hereby states intention to register in  
course(s) listed below. Approval of course (s) by Superintendent prior to  
registration is a prerequisite to assure course reimbursement eligibility.

<b>Course</b>	<b>Semester</b>	<b>Credits</b>

**ATTACH CATALOG DESCRIPTION FOR EACH COURSE LISTED.**

\_\_\_\_\_  
**(Signature of Staff member)**

\_\_\_\_\_  
**(Superintendent)\***

\_\_\_\_\_  
**(Date)**

**\*Signature indicates approval.**

**SUBMIT IN DUPLICATE – ONE COPY WILL BE RETURNED INDICATING APPROVAL OR DISAPPROVAL.**