CSRA EOA, Inc. Head Start

REQUEST TO ATTEND CLASS

This form must be completed each quarter/semester and submitted to the Training/Career Development Specialist.

Name: ____________________________ Date: ____________

Address: ____________________________

Phone #: ____________________________

Employment Location: ____________________________

Institution Attending: ____________________________

Type of Degree: __________ Major Area of Study: ____________________________

Course(s) this Quarter/Semester: __________

Course: ____________________________ Time: __________ Day: __________

Course: ____________________________ Time: __________ Day: __________

Course: ____________________________ Time: __________ Day: __________

Mileage to Class and From ____________________________

Anticipated Date of Graduation: ____________________________

Signature of Applicant: ____________________________

The following item must be attached before approval: Course Schedule from institution

NOTE: Progress report/grades must be turned in at the end of each quarter/semester.

DO NOT WRITE BELOW THIS LINE

APPROVED __________ DENIED __________ (schedule meeting)

Date: ________________

Center Director ____________________________

Training/Career Development Specialist ____________________________

Head Start Director ____________________________

Executive Director ____________________________

Revised 7/10