

**Request for Prior Approval for Stipend
for Additional Professional Development
through the Malverne Teacher Center**

(Form must be submitted for approval before taking course for stipend)

Name: _____ **Present Position:** _____

Field of Specialization: _____

Approval is requested for the following course:

Course Number and Title: _____

Dates: _____ **Required Hours:** _____

The above course is recommended for approval.

Date: _____ **Assistant Superintendent:** _____