

**CONTOOCOOK VALLEY SCHOOL DISTRICT
Professional Development Committee**

REQUEST TO SPONSOR AN IN-HOUSE COURSE OR WORKSHOP

Name Of Course Or Workshop _____

Sponsored By _____

Instructor _____

Date(s) _____ Time _____ Place _____

Who Will Be Attending Course/Workshop? _____

Give A Brief Description Of The Course/Workshop _____

Cost Per Person _____ Minimum Class Attendance _____

Proposed Number Of Contact Hours Per Participant _____ School Time _____

Own Time _____ Contact Person _____

For Committee Use Only:

Date Received _____

Approved _____

Disapproved _____

Reason For Non Approval _____