

# Sonoma Valley Unified School District

## Human Resources

17850 Railroad Avenue ❖ Sonoma, California 95476 ❖ Phone: (707)935-6008 ❖ Fax: (707)939-2238

### COURSE UNIT AND EVALUATION COMMITTEE

### APPLICATION FOR WORKSHOP/WORK EXPERIENCE CREDIT

*Please review the applicable sections of the Collective Bargaining Agreement **PRIOR TO** application for workshop/work experience credit (Articles 16.3.8, and 16.3.9). Prior approval is required for credit.*

Name		Assignment	
Site/ Department		Date submitted	

Workshop/Course Title (attach registration form & flyers)	Educational institution	Date(s)	Semester hour equivalent*

\*One Semester unit equals 15 Clock-Hours.

Please describe the way in which this course will contribute to your professional development (Article 16.3.9.2).

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\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Course Unit Evaluation Committee:**

**Approved**

**Denied**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Member Signature

**Superintendent/Designee:**

**Approved**

**Denied**

\_\_\_\_\_  
Signature/Date

**SONOMA VALLEY UNIFIED SCHOOL DISTRICT**  
**Human Resource**

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COURSE UNIT AND EVALUATION COMMITTEE

**APPLICATION TO EXCEED NINE UNITS IN ONE SCHOOL YEAR**

**PRIOR APPROVAL for more than nine (9) units** during the school year shall be obtained from the Course Unit and Evaluation Committee, the Principal concerned, and the Superintendent/designee (Article 16.3.6).

Name		Assignment	
Site/ Department		Date submitted	

College/School Institution	Course/Seminar Title	Dates taken	Semester hours*
		to	
		to	
		to	
		to	
		to	
		to	

\*One Quarter unit equals 2/3 Semester unit.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Course Unit Evaluation Committee:**

**Approved**

**Denied**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Member Signature

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Member Signature

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Member Signature

**Superintendent/Designee:**

**Approved**

**Denied**

\_\_\_\_\_  
Signature/Date

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### COURSE UNIT AND EVALUATION COMMITTEE

### APPLICATION FOR LOWER DIVISION COURSE APPROVAL

*Unit members requesting lower division course approval must file the approved District form. To be approved, the lower division courses must extend the instructional competence or assignment flexibility of the unit member.*

Name		Assignment	
Site/ Department		Date submitted	

College/School Institution	Course/Seminar Title	Dates taken	Semester hours*
		to	
		to	
		to	

\*One Quarter unit equals 2/3 Semester unit.

Please describe the way in which this course will extend your instructional competence or assignment flexibility (Article 16.3.4).

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\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Course Unit Evaluation Committee:**

**Approved**

**Denied**

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Member Signature

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Member Signature

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Member Signature

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Member Signature

**Superintendent/Designee:**

**Approved**

**Denied**

\_\_\_\_\_  
Signature/Date