

# APPLICATION FOR COURSE PRE-APPROVAL

\* PRE-APPROVAL FOR CONTENT COURSES SHOULD BE SUBMITTED TO THE DESE PRIOR TO BEGINNING COURSE

SUBMIT TO: DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION LICENSURE OFFICE  
COURSE PRE-APPROVAL REQUEST  
75 PLEASANT STREET  
MALDEN, MA 02148

NAME:
ADDRESS:
CITY:
STATE:
ZIP:
MA TEACHER'S LICENSE NUMBER:

I am submitting the following courses for credit toward a Professional License via the "12 Credit Rule" **DESE**  
**Option C ii for Professional License**

I am submitting the following courses for credit toward Re-Certification of a Professional License

Institution	Course Number	Course Title	Credits	Credit Hours
Endicott College			3 GRAD	45

**Course Description:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_