



Pre-Approval Form (Complete and submit BEFORE starting course)

Professional Development Pre-Approval '7	
Name (First Last): _____ Mailing Address: Street: _____ Unit Number: _____ City: _____ Province: _____ Postal Code: _____ Telephone Number: _____ Email: _____ Name of Course: _____ Institution Providing Course: ETFO _____ University _____ Other: _____ Credit: _____ Half _____ Full	(PD Chair to Complete) Date Approved: _____ Amount Approved: _____ \$250 (Half) _____ \$500 (Full)