

**CALIFORNIA TRANSITIONAL KINDERGARTEN STIPEND (CTKS) INCENTIVE PROGRAM**

**Course Authorization Approval Form**

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip  
 \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

Work Location: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Position Title: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_

I am requesting approval on the following courses for CTKS Incentive Program.

<u>Course Title</u>	<u>College/University</u>	<u># of Units</u>	<u>Begin &amp; End Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*CELS Use Only*

Grade

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Fiscal Year:* \_\_\_\_\_

*Quarter/Semester* \_\_\_\_\_

Please describe the purpose and how these courses fit into your Early Childhood Education (ECE) Plan.

\_\_\_\_\_

\_\_\_\_\_

CTKS Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Consortium Administration Approval Signature \_\_\_\_\_ Date \_\_\_\_\_