

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 & 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 _____