



Spartanburg District Four Request for Approval of Professional Activity

Educator's Name: _____

School: _____ Grade/Subject: _____

Description of Activity: _____

Sponsor of Activity (College/University; SCDE; District 4, etc.): _____

Course Name & Number (if applicable): _____

Date/s of Activity: _____

Activity supports the following Student Learning Objective (SLO): _____

Certificate Renewal Option (Select from Options 1-11 on Renewal Credit Matrix): _____

Number of Renewal Credits/Points Earned through Activity: _____

Educator's Signature: _____ Date: _____

Note: Upon completion of activity, submit this form, evidence of completion (grade, certificate, etc.), and Recertification Computation Sheet to District Office.

Principal's Decision Regarding Activity: _____ Approved _____ Not Approved

Principal's Signature: _____ Date: _____