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: _____