

Lutheran Schools of Ohio
Approval of University/College Course Work

Submit this form, Course description, and course transcript to the LPDC Regional Committee Chairperson upon completion of class to receive credit.

Name _____ School _____

Date Completed _____ City _____

University/College _____

Course Title and Number _____

Number of Credit Hours _____ Semester Hours Quarter Hours

Dates of Course _____ Time/Location _____

Briefly tell how this course supports your IPDP _____

EVALUATION

Describe the highlights of this course. _____

How did you benefit from this course? _____

Teacher's Signature _____ Date _____

LPDC USE:

Reviewed by: _____ Date _____
 Approved for ___ Sem. Hrs ___ Qtr hrs Not Approved