

**Lewistown Public Schools**

**215 7th Avenue South  
Lewistown, Montana 59457**

***Application For  
Continuing Education Units  
For Classified Staff***

_____	_____	_____
Last Name	First Name	MI
_____		
Address	City	State
_____	_____	_____
( )	( )	_____
Home Telephone	Work Telephone	Current Title & Position

Name of Class: \_\_\_\_\_

Date(s) Attending: \_\_\_\_\_

Class Paid By: ☐ *Applicant* ☐ *School District*

Class Approval Given By: (1) \_\_\_\_\_ Date: \_\_\_\_\_  
*Supervisor's Signature*

Class Hours: \_\_\_\_\_ Credits Earned: \_\_\_\_\_

Previous Credits Earned: \_\_\_\_\_ Total Credits Earned: \_\_\_\_\_

(To determine credits earned, multiply hours ***IN CLASS*** by 1.0 if applicant paid class fees, or by 0.5 if class fees were paid by the School District.)

(2) \_\_\_\_\_  
*Instructor's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

(3) \_\_\_\_\_  
*Applicant's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

(4) \_\_\_\_\_  
*Administrative Approval* \_\_\_\_\_ *Date* \_\_\_\_\_