NEW COURSE APPROVAL REQUEST				DATE
TRAINING & SUPPORT GROUP / TRAINING DI				
Directions: This form is used to request approval of a Records Maintenance Program." Submission of a Star				
(CPD-63.122) is required for all Department training co	ourses. If curriculum	has been completed	, attach to this for	m for review and approval.
If not completed, final course approval will not be grant				
REQUESTER'S NAME	RANK/TITLE	R	EQUESTING UI	NIT NAME
EMAIL ADDRESS	 	<u> </u>		
LIMAL ADDICESS		TEEL HONE NO.		
TITLE OF COURSE	· · · · · · · · · · · · · · · · · · ·			
PURPOSE OF COURSE (Provide a brief stateme	ent of the overall is	nstructional goal fo	r the course)	
TONI OSE OF COOKSE (Flovide a blief stateling	ent of the overall h	nstructional goal to	tile course.)	
SCOPE OF COURSE (Provide a more detailed of Who is developing /developed the course?, Who				
audience?, Type of training? (e.g. classroom, sc				
		,	J	,
CURRICULUM ATTACHED? ☐ YES ☐ NO				
SIGNATURE: REQUESTER		STAR /EMPLO	YEE NO.	DATE
APPROVED BY: REQUESTING UNIT C/O		STAR /EMPLO	YEE NO.	DATE
APPROVED BY: C/O IDQC SECTION		STAR /EMPLO	/EE NO	DATE
AFFROVED BT. G/O IDQC SECTION		STAIN /EIVIFLO	ILL NO.	DATE
APPROVED BY: C/O TRAINING DIVISION		STAR /EMPLO	YEE NO.	DATE

APPROVED BY: DEPUTY CHIEF, TRAINING & SUPPORT GROUP STAR /EMPLOYEE NO.

DATE