



## Request for Master's Program Approval

Teacher: \_\_\_\_\_ Building: \_\_\_\_\_ Date: \_\_\_\_\_

Current Teaching Assignment: \_\_\_\_\_

Name of degree you plan to earn: \_\_\_\_\_

Institution granting degree: \_\_\_\_\_

Have you attached a copy of the program you plan to follow as laid out by your institution? **Yes No**  
(please attach a copy of the master's program requirements)

How many credits does this degree require? \_\_\_\_\_

When do you plan on completing this degree? \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_  
Principal

Not Approved \_\_\_\_\_  
Date

Approved \_\_\_\_\_  
Director of Human Resources

Not Approved \_\_\_\_\_  
Date

Approved \_\_\_\_\_  
Superintendent

Not Approved \_\_\_\_\_  
Date

Comments: \_\_\_\_\_