

GRADUATE STUDY PROGRAM APPROVAL FORM



NOTE: EACH INDIVIDUAL COURSE MUST BE PRE-APPROVED ON FORM #D211-1 IF REIMBURSEMENT AND/OR COURSE CREDIT IS DESIRED.

Name: _____ Year Hired: _____

School: _____

Department: _____

Highest Degree Earned: BA/BS MA Doctorate

Current Areas of Certifications and Endorsements: _____

Undergraduate Major: _____

Semester Hours in Major Area: _____

Undergraduate Semester Hours in Education (Including Technology Integration): _____

Proposed Degree: _____

Proposed Institution: _____

Program Start Semester: _____

Program Completion Semester: _____

Total Program Semester Hours: _____

Content Specific Semester Hours (Taught by Content Area Specialist): _____

Education Specific Semester Hours: _____

Rationale for Program Request:

How will this program strengthen you as a teacher or District 211 employee:

GRADUATE PROGRAM SCHEDULE

Course Number	Course Title	Semester Hours *	Semester Scheduled

***A maximum of 6 semester hours are permitted each semester during the school year and a maximum of 15 semester hours are permitted in the summer semester.**

I UNDERSTAND THAT IN ADDITION TO THIS FORM WHICH IS INTENDED TO SERVE AS APPROVAL FOR A SPECIFIC COURSE OF STUDY, I MUST ALSO COMPLETE FORM # D211-1 PRIOR TO THE START OF EACH COURSE IN WHICH I ENROLL.

Applicant's signature: Signature: _____ Date: _____

Approved by Department Chair: Signature: _____ Date: _____

Approved by Principal: Signature: _____ Date: _____

Approved by Superintendent: Signature: _____ Date: _____