

Revised: 8-2008

**APPROVAL FOR ADVANCED EDUCATION  
MASTERS PROGRAM**

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**TITLE OF MASTERS PROGRAM** \_\_\_\_\_

**Institution Offering Course** \_\_\_\_\_

**Institution Granting Credit** \_\_\_\_\_

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• Dates of Time Period for Program \_\_\_\_\_

• Describe how this advanced program will benefit you, the school, and the students:

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\_\_\_\_\_

Teacher's Signature \_\_\_\_\_

Building: \_\_\_\_\_

Date: \_\_\_\_\_

Approvals By:	Signatures	Approved	Disapproved
Principal/Supervisor			
Human Resource Director			
Superintendent			