

ADVANCED PROFESSIONAL STUDY APPROVAL FORM

Date: _____

Teacher's Name: _____ School: _____

The following: _____ Course Work _____ Planned Program of advanced professional study is being submitted for approval.

College/University: _____

Date Started: _____

Anticipated Date of Completion: _____

Objective: (Circle one) M.A/M.S 6th Year PHD Certification
Other: _____

Course Number*	Course Title	Number of Credits

***List all course work taken or to be taken beyond the degree level for which you are currently being paid. Must currently be on at least the BS+30 level to be eligible.**

Approved: _____

Not Approved: _____

Superintendent/Designee Signature: _____