

Maryville R-II School District
Maryville, Missouri

Request for Graduate Credit Stipend

TO: Superintendent of Schools

FROM: _____

DATE: _____

RE: Program of Graduate Study
(*District Regulation GCL-R1 attached.*)

Graduate school I plan to attend: _____

Graduate degree I am seeking: _____

Course of study: _____

Number of hours I was enrolled in during the current school year: _____

Statement indicating relationship of course of study to current teaching assignment at Maryville R-II:

Stipend application and verification for hours taken from September 1st to August 31st must be submitted to the Superintendent by August 31st.

Approved: _____

Date: _____