

Maine School Administrative District No. 49

8 School Street, Fairfield, ME 04937

Date: _____

PROGRAM APPROVAL REQUEST For Masters Degree Directly Related to Current Teaching Assignment

Name: _____ Position: _____

School: _____ Grade: _____

Proposed Degree Program: _____

Accredited College or University: _____

Anticipated dates of course of study: _____

1. Please attach the Program of study and course syllabi from the college/university.

2. How does this program directly relate to your current assignment of teaching?

3. Please explain why you have chosen this program and the school that offers it.

4. What skills and knowledge do you want to gain and how do you believe those will improve your teaching in your current assignment?

Principal Recommendation/Comments:

Principal Signature: _____ Date: _____

Account Number to Charge: _____

Superintendent's Action:

☐ Approved ☐ Denied ☐ More information requested

Superintendent's Signature: _____ Date: _____