

Policy No: 407.02 E 2
Adopted: 03/09/2015
Revised:

Request for Approval of Master's Program For Salary Schedule Advancement

Teachers Name: _____

I would like to request approval of the following Master's Program:

Master's Program : _____

College: _____

When taken: _____

Why I feel this Program should qualify for advancement on the salary schedule:

Description of the Program:

Signature of Teacher: _____ **Date:** _____

Signature of Principal: _____ **Date:** _____

Approved: _____ **Disapproved:** _____

Signature of Superintendent: _____ **Date:** _____

Approved: _____ **Disapproved:** _____