

Maine School Administrative District No. 49

*Albion * Benton * Clinton * Fairfield
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: _____

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

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

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Revision: 5/1/08

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

Superintendent's Action:

More information is requested.

Approved Denied

Superintendent's Signature: _____

Date: _____ Account to be Charged: _____