

MASTER'S DEGREE PROGRAM APPROVAL REQUEST FORM

Port Washington-Saukville School District

Prior to completing this form, staff members are asked to review the procedures and requirements outlined in Administrative Guideline 3120.02 - Credit for Advanced Graduate Coursework.

Name of Staff Member:	Date:
Present Position:	School Building:
Please provide a brief summary of your master's degree program:	
How will your master's degree coursework benefit your students and our District? <i>Attach additional sheets if necessary.</i>	
How will you share your knowledge with your colleagues in the District? <i>Attach additional sheets if necessary.</i>	

Staff Member Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Superintendent or Designee Signature: _____ Date: _____