Eastland School District 308

MASTERS PROGRAM REQUEST FORM

Teacher's Name	Date
College or University	Name/Type of Program
Brief description of how Masters progra	am will help you in the future.
Please attach the course listing and de	escriptions from the College/University website.
Pass if applicable), at the current per of Professional Reimbursement). To be attached masters list or pre-approved Request Form should be completed ar	class is completed with a B or above grade (or credit hour as noted in the Teacher Contract (3.8, be reimbursed, the course must be included on the by the Superintendent, the Additional Training and turned in along with proof of tuition cost y fee), and Official Transcripts need to be
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Teacher's Signature	Superintendent's Signature
	Approval Date