

District 207 Master's Degree Pre-Approval Form

Personal Information:

Name: _____

Department: _____

School: _____

Year of Initial Employment in Dist. 207: _____

Today's Date _____

Degree Program Starting Date _____

Degree Program Information:

University: _____

Degree Sought: _____

Department offering Degree: _____

Hours in Total for Degree: _____

Accreditation of University (circle): NCA or NCATE

Dept. Chair Initials: _____

Approval Signatures:

Staff Member: _____

Prof. Growth Chair: _____

Department Chair: _____

Asst. Superintendent: _____