

Rocky Hill Public Schools

Degree Program Approval Form

Degree Programs must be approved by the Superintendent of Schools in order to be considered for movement on the Salary Schedule. All staff are required to meet with the Superintendent prior to enrollment in a degree program, to present their program and course of study.

Name: _____

Location: _____ Assignment: _____

Date Program Begins: _____ Anticipated Date of Completion of Program: _____

Degree/Major: _____

College/University: _____

Date of Meeting with Superintendent: _____

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Please provide a description of your proposed Planned Program of Study. This description should highlight a **clear connection** between your intended coursework and improving your instructional practice and/or achieving your career goals. The expectation is that the approved program of study will benefit you in your capacity as a professional educator. In addition, it is expected that your participation in an approved program of study will **add value to the Rocky Hill Public Schools**.

Describe the goal(s) of your proposed Planned Program of Study. You should make sure that your intended outcomes are clearly defined and will improve your instructional capacity and/or knowledge base.

I submit the enclosed outlined graduate program of study for approval for advancement on the salary schedule to (check one):

MA 6th Year 6 Yr +30 Doctorate

Signature of Employee: _____ Date: _____

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Program Approved: Program Denied:

Superintendent Signature: _____ Date: _____