

Beverly Public Schools

Course Approval Request Form

Name: _____ Date: _____

Current Assignment: _____

1. Course request:

_____ Master's Degree Program
Institution: _____

_____ Post-Master's Degree
Sponsoring Institution: _____

Current Contract Status:

- _____ Master's Degree – current # of credits: _____
- _____ Master's Degree plus 15 credits – current # of credits: _____
- _____ Master's Degree plus 30 credits – current # of credits: _____
- _____ Master's Degree plus 45 credits – current # of credits: _____
- _____ Master's Degree plus 60 credits

2. Name of Course: _____

Number of Credits: _____

Course Start Date: _____

Course Completion Date: _____

Please attach a course description from the sponsoring institution catalog or brochure materials.

Applicant's Signature: _____

Superintendent's Signature:

Approved _____

Not Approved _____

Additional Information Requested:

Please submit this course approval request form at least two (2) weeks prior to the beginning of the course.