

PICKERINGTON LOCAL SCHOOL DISTRICT

Application for Graduate Program of Studies

When a certificated employee plans to enter a graduate program of studies for the purpose of seeking a graduate degree, the following information must be submitted:

Employee ID

Name (please print) _____ Date of Request _____

Building Assignment _____ Teaching Assignment _____

Years of Experience in the Pickerington School System _____

Degree Sought _____ Major _____

University or College where program will be earned _____

Approximate length of time planned to complete program _____

Number of hours in program: Semester _____ Quarter _____

Relate how this program will benefit you as an educator:

List the titles of required courses:

List the titles of anticipated elective courses: (use back for additional courses)

Signature of employee making request

Recommendation to Board of Education Approval Disapproval Date _____

Signature of Principal

Signature of Superintendent

Reason for denial: _____

Application Instructions: Submit one copy to the employee’s principal/supervisor. When action is taken by the Board of Education, a copy will be returned to the employee. A copy will be retained in the employee’s personnel file. **Reminder** - An **Application for Reimbursement of Professional Growth** form (Appendix A-3) will need to be submitted upon completion of coursework per Article 8.