

## Southington Public Schools

# **PROGRAM APPROVAL FORM**

This form is to be completed and submitted **before starting coursework** when reclassification warrants **pre-approval by the superintendent (see Salary Reclassification Guidelines).** It is used to specify the 30-credit program that will be submitted to the superintendent or his designee for approval for eventual salary reclassification in the Southington Public Schools.

The superintendent or his designee must approve any adjustments or substitution to the courses submitted on this form. A form is available for this purpose (Course Substitution Form).

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| --- | --- | --- | --- | --- |
| **Name** |  | | **Date** |  |
| **School** |  | | **Assignment/Grade** |  |
| **Current Degree (date/type)** | |  | | |

**Working toward:** MA  6th Year  6th Year + 30 Hours (7th Year)

Please indicate for each course in your program the number of credits, the course number, the title of the course and the college or institution granting the credits.

## Credits Course # Course Title Credit Granting Institution

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**Signature**

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Return to human resource office. Upon review, a copy will be returned to you and a copy will be filed with your Program Approval Form in your personnel file.

### The request for course approval is: Approved Denied

Comments:

Date Signature