

MORGAN LOCAL SCHOOL DISTRICT

APPLICATION FOR APPROVAL OF PROFESSIONAL GROWTH

NAME _____ DATE _____

SCHOOL _____

Degree(s) to be earned (if any) _____

Field(s) of certification (if any) _____

Certification Expiration Date _____

Hours are needed for re-certification? _____ Yes _____ No

Number of hours to be earned: Undergraduate _____ Graduate _____

Have you been accepted in graduate school? _____ Yes _____ No

Name of college or university in which you plan to take work:

Name _____ Location _____

Type of delivery: Classroom _____ Correspondence _____

Video _____ Online _____ Other _____ (explain)

GUIDELINES:

Professional Development must be approved prior to classes beginning!

Forms received after the enrollment period will be denied.

Forms must be filled out completely or they will be returned and may result in a missed deadline.

Send written requests to the superintendent for changes in institutions or courses. Changes must receive prior approval by the superintendent.

Indicate the enrollment date and quarter or semester of college that you plan to attend to determine if you have met the Master contract guidelines for enrolling.

Apply **July 1 – Sept. 1** for classes beginning Sept. 2 – Dec. 15

For Fall Quarter or 1st Semester College

<u>Class Begins</u>	<u>Course #</u>	<u>Name of Course</u>	<u>Semester</u>	<u>Qtr</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Apply **Oct. 1 – Dec. 15** for classes beginning Dec. 16 – March 15

For Winter Quarter or 2nd Semester College

<u>Class Begins</u>	<u>Course #</u>	<u>Name of Course</u>	<u>Semester</u>	<u>Qtr</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Apply **Feb. 1 – March 15** for classes beginning March 16 – June 1

For Spring Quarter Courses

<u>Class Begins</u>	<u>Course #</u>	<u>Name of Course</u>	<u>Semester</u>	<u>Qtr</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Apply **April 15 – June 1** for classes beginning in June, July or August

For Summer College Courses

<u>Class Begins</u>	<u>Course #</u>	<u>Name of Course</u>	<u>Semester</u>	<u>Qtr</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Will you receive other tuition grants? _____ Yes _____ No

Received by Superintendent's Office: Date _____

Total Quarter Hours _____

Amount Approved _____ PO# _____ Date _____

Denied _____ Date _____

Superintendent _____