



Brentwood School District Program Proposal

Initial Master's Degree _____
Master's Degree plus 30 graduate hours _____

Name: _____

Date: _____

College/ University _____

Accredited by _____

Program/Degree _____ Master's _____ Master's +30 _____

Date courses start: _____ End: _____

Anticipated completion date: _____

- 1. Please attach the description of the program and courses from the college or university you plan to attend.**
- 2. Please describe how this course of study will tie to the district Comprehensive School Improvement Program to increase student achievement and increase your performance as a teacher in the classroom. Please attach your response to this document.**

I understand that I must submit a transcript from the university showing completion of degree and/or coursework and a receipt for tuition paid. I am requesting tuition be reimbursed at the allowable rate established in Board Policy.

Signature: _____ Date: _____

APPROVAL SIGNATURES:

Principal Date _____

Superintendent Date _____

The guidelines for tuition reimbursement can be found in Brentwood Board of Education policy CGL-AP2 . This application must be approved by the principal and superintendent prior to beginning any course work.