

**GOSHEN COUNTY SCHOOL DISTRICT NO. 1
TORRINGTON, WYOMING**

REQUEST FOR APPROVAL OF MASTER'S PROGRAM

This form is to be completed and approved prior to enrolling in a program

This form is to be completed prior to meeting with the Superintendent. The purpose of the meeting is to discuss the program, ensure the accreditation of the institution, and applicability.

STAFF INFORMATION:

NAME _____ DATE _____

SCHOOL & TEACHING ASSIGNMENT _____

DATE OF SUPERINTENDENT MEETING _____

MASTER'S PROGRAM INFORMATION:

PROGRAM NAME: _____

UNIVERSITY/ COLLEGE: _____

DATES OF ENROLLMENT: _____

WHY ARE YOU ENROLLING IN A MASTER'S PROGRAM? _____

DOES THIS PROGRAM REQUIRE AN INTERNSHIP? _____

I understand and agree that the stipend offered by the district for master's reimbursement is subject to change on an annual basis and may not be available at the time of program completion due to district funding. Information regarding the program as approved annually by the Board of Trustees is available annually in the district staff handbook.

Staff Signature

Date

☐ Approved

☐ Not Approved

Reason: _____

Superintendent Signature _____ Date _____