

NRHEG Public School ISD #2168
**Teacher Advanced Degree Approval
Request Form**



Rev. 2-2-2024

Name: _____ Date: _____

Primary Building (Check one): _____ Elementary _____ Secondary

Department or Grade Level: _____

Present Lane: _____

Title of Proposed Advanced Degree: _____

Major or Emphasis Area: _____

College / Department: _____

Please provide any written rationale you believe will assist in the review and consideration of this request. Additional information can be placed on the back and/or attached.

Please attach a completed copy of an application for admission to candidacy for an advanced degree program. When the program is approved and signed by the college of graduate studies from where the degree will be obtained, a copy is to be forwarded to the superintendent.

Teacher Signature: _____ Date: _____

_____ Request Approved _____ Request Not Approved

Reason if not approved: _____

Superintendent Signature: _____ Date: _____