Independent School District 719
Department of Human Resources

Graduate Degree Program Pre-Approval Form

Name:		**Current Building Assignment:**	
Date of Program Submission:		**College or University of Proposed Degree:**	
Current Teaching Assignment:		**Name of Degree:**	

Required Courses	Course #	# Quarter Credits *	Anticipated Date of Enrollment Course
Elective Courses			

***Confirmation that the course is graduate level cannot be determined at time of approval. Please contact the college Registrar's office for course level confirmation.**

To convert semester credits to quarter credits, multiply by 1.5
(e.g. 2 semester credits = 3 quarter credits; 3 semester credits = 4.5 quarter credits, etc.)

FOR HUMAN RESOURCES OFFICE USE ONLY

***Program Approved** ☐ **Program Not Approved** ☐

Approved By:

Executive Director of Human Resources	Date:

Copy: ☐ Employee ☐ Personnel File

Please forward to Janna Johnson via e-mail: jjohnson@priorlake-savage.k12.mn.us
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