

**PENTUCKET REGIONAL SCHOOL DISTRICT
MASTER'S DEGREE PROGRAM APPROVAL FORM***

(To be completed by building principal)

Name of Teacher: _____

Position: _____

School: _____

Master's Degree Program: _____

Matriculating College: _____

Is this Master's Degree Program in the teacher's content area? _____ Yes _____ No

If **no**, please explain why you feel this program should be approved. _____

Recommendation: _____ Yes _____ No

Principal's Signature: _____ Date: _____

Approved: _____ Yes _____ No

Assistant Superintendent's Signature: _____

*An "approved" program is, for the purposes of Pentucket's tuition reimbursement benefit, defined as a master's program that will result in a degree in the teacher's area of primary instructional responsibility. It is **not to be confused with the Massachusetts DOE's licensure requirements**. Compliance with the DOE's regulations is the responsibility of each educator.