

Graduate Program Request to Add University

To request the addition of a College/University to the list of institutions approved for a graduate program in education, please provide the requested information and return to the Asst. Superintendent of Personnel & Operations. No credit will be awarded for salary schedule movement prior to approval of the institution.

Employee Name: _____ Date: _____

Building Location: _____

College/University: _____

College/University Contact: _____

College/University Email Address: _____

Accredited by: HLC KSDE MODESE NCA NCATE Other: _____

Copy of Learner Outcomes attached to application: Yes No

Delivery Mode: Online Onsite Campus Both OTHER: _____

Assessments: Objective Test(s) Presentations Project(s) Reflection Paper Portfolio
 Other: _____

Is there a final exam and/or project involving research and/or a presentation? Yes No

Total Program Hours: _____ Send a copy of learner outcomes and classes to Dr. Rob Gardner

Homework required per graduate hour: _____

Your highest degree: _____ Are you currently enrolled in a degree program?
 Yes No

What degree are you interesting in seeking at this University? If approved, list date you would start the program: _____

Rationale for consideration: _____

Please email or send through campus mail this form and a copy of your Learner Outcomes and Class to Dr. Rob Gardner at gardnerr@platteco.k12.mo.us

DISTRICT OFFICE USE ONLY

Approved

Denied

Signature of Approver: _____

Date: _____

Add to Graduate Approval Form: Yes

No

