FORM B

CRESSKILL PUBLIC SCHOOLS
Cresskill, New Jersey 07626

GRADUATE PROGRAM REQUEST

Name:_____ School: _____Position: _____

Date of Hire: _____

I hereby request approval of the following graduate program as described below:

PROGRAM	DEGREE SOUGHT	UNIVERSITY	GOAL DATE FOR COMPLETION	SALARY GUIDE GOAL

Describe program: (Include how it relates to your work or goals, & how many credits are required)

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Teacher's Signature Date Superintendent's Approval Date