

BOLTON PUBLIC SCHOOLS

BOLTON, CONNECTICUT 06043

OFFICE OF THE SUPERINTENDENT

Request for Course Work Approval

In accordance with the Board of Education-Bolton Education Association agreement, Article 2.2., all course work for degree advancement in the field of education that is earned through matriculation at accredited colleges or universities must have **prior approval** from the Director of Instructional Technology and Curriculum.

Teacher Name (please print): _____

This will serve to notify the Superintendent of Schools that I intend to begin course work for educational advancement at the following accredited institution:

(university/college)

The specific coursework and degree/certification are as follows:

Per Article 2.2.D of the BOE-BEA agreement, I understand it is my responsibility to submit a **Notification of Degree Status Change** form to the Superintendent's office by **November 1st** of the school year that my coursework is anticipated to be complete.

Teacher Signature **Date**

Anticipated degree completion date: _____

----- *For Office Use Only* -----

Date Received: _____ Initials _____ Program approved: ___Yes ___ No

Signature – Director of Instructional Technology and Curriculum Date

c: Finance
Payroll
Teacher