CLIFFSIDE PARK PUBLIC SCHOOLS
CLIFFSIDE PARK, NJ 07010

MA+ APPROVAL FORM

TO: **Certificated Staff**

FROM: **Michael J. Romagnino, Superintendent of Schools**

Teachers who have obtained MA level and want to apply for the MA+ degree level must submit this form prior to enrollment in any graduate level course(s). The graduate level course(s) must be in the applicant's field of area certification and directly related to current job skills. Each course must be approved by the Superintendent of Schools prior to its first meeting.

This form must be submitted no later than September 10 of any year for Fall semester course(s), January 15 for Spring semester course(s), June 1 for Summer course(s).

***PRIOR* APPROVAL BY THE SUPERINTENDENT OF SCHOOLS *MUST* BE OBTAINED**

If you want to claim salary credit later for any of these courses, COMPLETE THE FORM* BELOW AND SUBMIT IT TO YOUR PRINCIPAL FOR APPROVAL BEFORE THE FIRST MEETING OF THE COURSE.

***forward forms to the Superintendent after signed by Principal**

School Year:_____

Please list the certificates you currently hold:

1._____ **2.**_____

3._____ **4.**_____

Semester: **FALL** 9 **SPRING** 9 **SUMMER** 9

COLLEGE/ UNIVERSITY	COURSE NUMBER	COURSE TITLE	NUMBER OF CREDITS	TIME OF DAY	MEETING DATES	TOTAL HOURS

Name of Teacher:_____**School:**_____**Grade:**_____ **Subject:**_____

Principal's Signature:_____**Date:**_____

Approved:_____**Denied:**_____ **Reason:**_____

Superintendent of Schools_____**Date:**_____

****Please submit two copies** **Revised 9/1/07**