Exhibit 5213 (b)

McCall-Donnelly School District #421

Master's Degree Approval Form

This form is to be used for certified employees seeking approval for their first Master's Degree Program.

Employee Name: Employee Signature:

College or University:

Proposed Master's Degree:

Total number of credits required:

Anticipated date of completion:

Detailed course outline

Please list all courses required to complete the proposed Master's Degree, with the anticipated completion date for each course.

Course	Credits	Anticipated Completion Date

Principal Approval: _____

Superintendent Approval: _____