DATE:_____

The Public Schools of Brookline, Massachusetts

APPLICATION FOR MASTER'S DEGREE, MASTER'S DEGREE PLUS ONE YEAR, MASTER'S DEGREE PLUS 45 CREDITS, DOCTORATE

A copy of the Master's Degree transcripts and transcripts of courses beyond Master's must be attached or the application will be returned without action.

Name: **School:**_____ **Subject or Grade:**_____

TO THE SUPERINTENDENT OF SCHOOLS: I SUBMIT THE FOLLOWING PROGRAM OF STUDY FOR YOUR APPROVAL IN CONNECTION WITH MY REQUEST FOR CLASSIFICATION ON THE SALARY SCHEDULE UNDER THE MASTER'S DEGREE, MASTER'S DEGREE PLUS 1 YEAR, MASTER'S DEGREE PLUS 45 CREDITS, DOCTORATE. (PLEASE CIRCLE ONE)

MASTER'S DEGREE

Date:	Name and Location of Institution Awarding Degree

GRADUATE COURSES BEYOND THE MASTER'S DEGREE

From:	To:			Semester Hours of Credit
Month Year	Month Year	Institution	Name of Course	