



**LINDEN PUBLIC SCHOOLS  
OFFICE OF THE SUPERINTENDENT**



**Application for Approval of Program of Study**

Due Dates:

No later than September 30<sup>th</sup> for the Fall Semester

No later than February 15<sup>th</sup> for the Winter and Spring Semesters

No later than July 15<sup>th</sup> for the Summer Semester

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

YEAR: \_\_\_\_\_ SEMESTER: \_\_\_\_\_

COLLEGE/ UNIVERSITY ATTENDING: \_\_\_\_\_

ACCREDITED THROUGH: \_\_\_\_\_

College/University Attending	Program of Study	Length	No. of CREDITS

Reason for study: How is this relevant to your practice? \_\_\_\_\_

If you are requesting to be considered for reimbursement, it must be in adherence with contractual language. Please review contract before submitting, it can be found in Article XXX on page 46-48 of the negotiated agreement.

\*Official transcripts (sealed) or emailed must be sent to the attention of the Superintendent's Office as soon as your class is completed and/or degree conferred.

Total number of credits \_\_\_\_\_

GOAL: Undergraduate Degree \_\_\_\_\_ Master's Degree \_\_\_\_\_ Study beyond Master's Degree \_\_\_\_\_

EMPLOYEE SIGNATURE	DATE
--------------------	------

**CONTINGENT UPON CERTIFICATION OF SATISFACTORY COMPLETION OF COURSE.**

Check all that apply...	
<input type="checkbox"/> Approved for study	<input type="checkbox"/> Not approved for study

\_\_\_\_\_  
**Atiya Y. Perkins**  
**Superintendent of Schools**

\_\_\_\_\_  
**Date**