

**Adena Local Schools Professional Development Committee**  
**Master's Program Preapproval Form**

**Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Teaching Assignment:** \_\_\_\_\_

**College/University:** \_\_\_\_\_

**Degree Program:** \_\_\_\_\_

Please provide the following information about the master's program you plan to complete. Attach the coursework summary and a copy of your IPDP and return to a member of the LPDC. If your college provides a standard list of courses, please attach that in place of the coursework summary. Any changes in the course requirements must be submitted to the LPDC for approval.

**Rationale:** How does my master's program support my IPDP?

**Benefits:** Summarize the anticipated benefits to yourself, your students, your school, and your district as a result of the successful completion of this program.

**Timeline:** Provide a completion date or timeline for the completion of this master's program.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Disapproved (submit with changes)

\_\_\_\_\_  
Chairperson Signature

\_\_\_\_\_  
Date

