MASTER'S EQUIVALENCY PROGRAM



PROGRAM REVISION REQUEST

Course #

Course Title

HUMAN RESOURCES DIVISION Washoe County School District

Credits

Type of Class*

425 East Ninth Street P.O. Box 30425 Reno, NV 89520-3425

Phone (775) 348-0321 Fax (775) 333-5070

Graduate,

Undergraduate,

A maximum of 10 changes may be made without having to reappear before the Master's Equivalency Committee. One change consists of dropping one university class from the original program. Adding or dropping inservice classes does not count towards the maximum number of changes. Acceptable reasons would be if a course is no longer available, or a more suitable course in the area of interest is being offered. Be sure to allow enough time for the receipt and approval of the changes before the registration date of the new class.

ALL information must be included or the form will be returned to you.

Date(s)

COURSES TO BE ADDED: (Note: All graduate classes must be taken for a grade; you must receive a B or better in order for graduate credits to count toward completion of your Master's Equivalency Program.)

University or College

Course #	Course Title	University or Colle	ege Date(s)	(Graduate Level Only)	Credits	Undergraduate, or Inservice	
*Туре с	of Class: Please use the j	following designation	s:				
"C"	Core Content Area	Elementary Teache Secondary Teachers			Math, Social Studies, Science ment		
"E"	Elective						
" S"	Seeking Highly Qualified Status in a Core Area						
COURS	SES TO BE DELETED:						
Course #	Course Title	Unive	ersity or College	Credits	Type of Credits (Graduate, Undergraduate, or Inservice		
REASO	ON FOR CHANGE:						
1127130	TON CHARGE.						
Teacher's Name (please print)		Tea	Teacher's Signature		Date		
School/Location			District Approval			Date	