

## EGPS Planned Program Approval Form for Salary Advancement and Reimbursement

In compliance with Article 7, section F, of the 2023-2026 certified contract, teachers hired on or after January 1, 2023, and as applicable to lane advancement for all other teachers after June 30, 2026, degrees for salary lane placement shall be defined and applied in accordance with this section. Where referenced herein, all degrees and credits beyond a Baccalaureate Degree, if obtained after original placement on the salary schedule, must be received from an accredited college or university pre-approved by the Superintendent in a planned program pertinent to the teacher's teaching position.

Additionally, all credits must lead to an advanced degree (Master's Degree, Sixth Year Certificate, Advanced Certification, or Doctorate's Degree (Ph.D. or Ed.D.)) and be in addition to any credits required for any degree already completed. "Accredited college or university" means an institution of higher learning accredited by the New England Association of Schools and Colleges ("NEASC") or other equivalent regional accrediting authority. Courses taken by an individual over the internet or through other electronic distance learning programs must be accredited by NEASC or another equivalent accrediting authority and have received prior approval of the Superintendent as part of a planned program leading to an advanced degree. Please refer to the teacher contract for reimbursement rates.

This form must be on record and be **approved prior to beginning a program for advancement purposes or reimbursement.** *(Complete and submit additional pages as needed.)*

Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Current Teaching Assignment: \_\_\_\_\_ Current Salary Lane/Step: \_\_\_\_\_

College/University: \_\_\_\_\_  
*(Attach outline of program from College/University.)*

Degree to be Awarded at the Completion of the Planned Program: Masters  6<sup>th</sup> Year  Advanced Certification  Ph.D/Ed.D

Course Number	Course Title	3 Credits <i>or 30 hours</i>	Semester/Year to be Taken	Course Completed & Reviewed/ Approved by Superintendent	Date of Approval

Planned Program Approved Yes  No  Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:** \_\_\_\_\_