



MASTER'S EQUIVALENCY PROGRAM

APPLICATION FORM

HUMAN RESOURCES DIVISION
Washoe County School District
425 East Ninth Street
P.O. Box 30425
Reno, NV 89520-3425
Phone (775) 348-0321
Fax (775) 333-5070

In order to qualify for the Washoe County School District's Master's Equivalency Program, a teacher must earn 42 credits beyond a BA/BS degree from an accredited college or university. Please be aware that the salary advancement allowed by this program is only valid in the Washoe County School District.

A minimum of 32 credits must be graduate level; the remaining 10 credits may be a combination of additional graduate, undergraduate and/or inservice classes, in accordance with the requirements listed in Article 24.3.5 (a-d) and 24.3.6.

Effective January 1, 2004, there are new requirements for the types of graduate credits eligible. Please refer to Article 24.3.5 for complete information. You will need to provide a photocopy of the course description of all graduate-level classes you have identified as meeting the "core content area" requirement. This includes both classes you have already taken as well as the classes you intend to take. If you do not provide this documentation, the committee will not be able to approve your program. Course descriptions can normally be obtained from the institution's catalog or from their website.

Last Name _____
First Name

Home Address

City _____
State _____
Zip _____
Phone

School/Location: _____

Current Grade Level(s) Assignment: _____

Current Subject Area(s) Assignment: _____

License(s)/Endorsement(s) Currently Held: _____

(If applicable) I am seeking highly qualified status/licensure in the following **core** academic area(s):

(If applicable) I am seeking the following endorsement in an **area of need**, as determined by the District (i.e., ESL, Family & Consumer Science, GT, Industrial Arts, Math, Music, Special Education)

UNDERGRADUATE/INSERVICE/CORPORATE COURSES

You may earn a maximum of 10 credits using any combination of the areas listed below,
with a maximum of 6 inservice credits.

Credits that have already been earned ARE NOT eligible.

UNDERGRADUATE COURSES

Course #	Course Title	University or College	Date(s)	Credit

Total Credits: _____

INSERVICE CLASSES
(6 Credits Maximum)

Course #	Course Title	Offered By	Date(s)	Credit

Total Credits: _____

CORPORATE OR PRIVATE

Course #	Course Title	Offered By	Date(s)	Credit

Total Credits: _____

I submit the listed coursework for consideration for the Master's Equivalency Program.

_____ Name _____ Date _____

The proposed program is: Approved Denied (see below)

Chairman: _____ Date: _____

Member: _____ Date: _____

Member: _____ Date: _____

Member: _____ Date: _____

Health Services Director: _____ Date: _____
(Secondary Only)

Reason(s) for denial: _____

Program Completed: _____ Administrative Verification: _____