Menands UFSD
Summer Curriculum Proposal

Name of Individual submitting the proposal: _____

Provide a brief description of the work you would like to do. Be sure to include the educational needs and purpose of the work, along with anticipated results:

_____
_____
_____
_____
_____
_____
_____
_____
_____

List other staff members who will participate:

_____ _____
_____ _____
_____ _____

# of hours requested for each Individual: _____

Please provide the date you anticipate the work will be completed: _____

**Please return this form no later than June 15, 2017 **

FOR OFFICE USE ONLY

____ Approved ____ Denied _____ Date: _____

Number of hours approved: _____

Board approval Date: _____

Other: