



Archdiocese of Miami
Office of Catholic Schools
 Graduate Education Plan - Theology

School: _____

Name of Employee: _____

Parish where employee is registered: _____

Name of Head of School: _____

School Year: _____

Teaching Assignment: _____

Year in current position: _____

Highest Degree (BA/MA/PhD/EdD): _____ Field of Degree: _____

Catechist Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, expiration date: _____
If no, which classes have been taken: ___ Sacred Scripture ___ Profession of Faith: Creed ___ Liturgy and Sacraments ___ Catholic Morality: Life in Christ

STEP #	ACTION	DEADLINE DATE	REVIEW DATE & INITIALS	COMPLETION DATE & INITIALS
1	Complete a master's degree in theology from an accredited USCCB approved university.			
The school principal must meet yearly with the teacher to review the plan and get a status update. The master's degree must be completed within three years of appointment.				

If the above actions are not completed by the deadline dates above, a contract/letter may not be signed for the following school year.

Associate Superintendent Signature: _____

Head of School Signature: _____

Employee Signature: _____

Date: _____