

**Master Gardener Specialist Project Approval Form**

Name of Master Gardener:

\_\_\_\_\_

County:

\_\_\_\_\_

Specialist Class:

\_\_\_\_\_

Date	Description of Service	Total Hours	Number of People Served

\*additional information may be added to the back or a separate sheet of paper

Approved by:

County Agent

\_\_\_\_\_

Signature

Forms may be mailed, faxed or emailed to the Texas Master Gardener Office, 225 HFSB, College Station, TX 77843-2134; fax: 979-845-8906; email: [jbfry@tamu.edu](mailto:jbfry@tamu.edu).