

Western School District

TEACHER CHANGE OF STATUS REQUEST

Please complete the following information and return it to the Superintendent's Office. You must attach a transcript or other acceptable verification that you have met the requirements for this change in status.

Name

Address

Teaching Position

Building

Current Degree Status

Requested Degree Status

Signature

Date

Superintendent Approval

Date

(Business Office Use Only)

Change in status to take effect: _____

Change will be reflected on payroll: _____