Application for Approval of Advancement Credits for Lane Changes

Name of Teacher:_____

Teaching License Area:_____

Current Teaching Assignment:_____

College/University:_____

Course/Program Information : (Please attach complete information)

_____

_____

Number of Graduate Credits:_____

Beginning Date:_____ Expected Completion Date:_____

In compliance with the "Master Agreement - Certified Personnel" Article VI, Section 3, I request approval of the course/program described to apply to advancement on the salary guide (lane change).

Signature of Teacher:_____

Date of Application:_____

_____Preapproved _____Disapproved

_____ Superintendent ISD 2 180 _____Date

Lane change subject to receipt of official transcript

_____ Date received official transcript

_____Approval of Lane Change

_____Superintendent ISD 2180_____Date

Lane Change Date : Sept. 15 March 15 _____Name of new lane