REQUEST FOR LANE CHANGE

FRESHWATER Education District 6004

(Please list all courses and attach transcript)

Teacher _____ Department _____ Current Assignment_____

Present Lane _____Present Step _____

Lane Requested _____Date of Request_____

DATE OF PRE-APPROVAL BY DIRECTOR	COURSE TITLE	GRADUATE COURSE NUMBER	SEMESTER HOURS	LETTER GRADE	CHECK ONE APPROVED YES	NO	___Yes ___ No OFFICIAL NOTICE/DATE OF COMPLETION Grade Sheet
TOTAL CREDITS							
ANY CARRYOVER CREDITS							

I certify that the above information is accurate to the best of my knowledge and belief.

_____ _____

Teacher Signature Date Submitted

Date received by Executive Director _____ One lane advance per school year.
Deadline is before October 1 or February 1, annually. Please refer to Agreement for additional information.

Board Meeting date of Executive Director Recommendation to Board _____ Initial here if Board approved: ____