

ARGO COMMUNITY HIGH SCHOOL COURSE, PROGRAM AND/OR LANE CHANGE REQUEST FORM

Name: _____

Date: _____

Please check whichever applies:

Course Approval: _____

Program Approval: _____

Lane Change Approval: _____

Degree Conferred: _____

Degree Type	<input type="checkbox"/> BA/BS	<input type="checkbox"/> MA/MS
Check One:	<input type="checkbox"/> Specialist	<input type="checkbox"/> Doctoral

Current Lane: BA MA MA+30 MA+60

COURSES WHICH APPLY TOWARD THIS REQUEST

Institution	Course #	Course Title	# Course Hours		Level	
			Qtr	Sem	Grad	U-Grad
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Note: If this is a **program approval**, please attach curriculum outline. If this is a **lane change**, please be sure to submit official transcripts to Human Resources for confirmation.

Signature: _____
Teacher

Approval: _____
Superintendent

Date: _____

Date: _____