

WEST MARSHALL COMMUNITY SCHOOL DISTRICT

REQUEST FOR PERMISSION TO TAKE COLLEGE COURSE FOR CREDIT

Name \_\_\_\_\_ Date \_\_\_\_\_

College/University offering the course \_\_\_\_\_

Course Title \_\_\_\_\_ Course Number \_\_\_\_\_

Is this course for:

Recertification: Yes \_\_\_ No \_\_\_ Credit Hours \_\_\_\_\_

Graduate Credit Offered: Yes \_\_\_ No \_\_\_ Credit Hours \_\_\_\_\_

Graduate Credit: Yes \_\_\_ No \_\_\_ Credit Hours \_\_\_\_\_

Course Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Course will be taken: \_\_\_\_\_

Is this course in your teaching assignment: Yes \_\_\_ No \_\_\_

Is this course part of your approved advanced degree program: Yes \_\_\_ No \_\_\_

I will be applying for an educational lane change on the salary schedule prior  
**August 30** of the upcoming school year. Yes \_\_\_ No \_\_\_

I will be moving from lane \_\_\_\_\_ to lane \_\_\_\_\_.

Date filed with Superintendent: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Official transcripts must be submitted to the superintendent's office for the courses completed to make a lane change.**