

Lake Crystal Wellcome Memorial

Application for Approval of Lane Change Credits

Name _____

I would like the following course(s) to apply towards the next lane change on the salary schedule.

Date	Course	University	Course #	Semester Credit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby certify that I have not taken this course before.

Signed _____ Date _____

Approved by _____ Date _____

Please include course description and then send form to the LCWM District Office.