

Lake Crystal Wellcome Memorial
LANE CHANGE APPLICATION

Name _____

Current Lane _____

Applying to move to _____

I would like the following courses to apply towards the next lane on the salary schedule:

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

Teacher's Signature _____ Date _____

Approved by _____ Date _____

This form and a copy of your official transcript (*grade slip will be accepted until the official transcript can be obtained*) must be submitted to the LCWM District Office by September 15 to be effective the pay period following September 15 or by January 15 for it to be effective the pay period following January 15.