APPLICATION FOR LANE CHANGE CREDIT APPROVAL AND VERIFICATION PINE ISLAND PUBLIC SCHOOLS

Complete this form for prior approval. One copy will be kept in your personnel file, and the other will be returned to you. When you have completed the credits necessary for a lane change, it is your responsibility to provide documentation to the District Office for the proposed lane change.

NAME	DATE
I am applying to have credits count to	oward the following:
Bachelors plus ten lane	Masters Degree
Bachelors plus twenty lane	Masters Degree plus ten lane
(only allowed with approved Masters plan)	Masters Degree plus twenty lane
	Masters Degree plus thirty lane
COLLEGE	DATE OF SESSION
COURSE INFORMATION	
Number TITLE	UNDER-GRADUATE SEMESTER OR GRADUATE CREDITS
Credits from (circle one) Accredited Colle	ge/University Partner Organization
Regular /Traditional Format Vide	eo Other
Please provide a brief description of how this this district.	course will help you better achieve the goals of
PRIOR APPROVAL YES NO	
Superintendent	Date

Date _____