



MINNESOTA VALLEY EDUCATION DISTRICT

801 Davis Street, St. Peter, MN 56082 Office: 507-934-5420 Fax: 507-934-5893

REQUEST FOR COURSE APPROVAL

SUBD. 3. Course Approval: All credits, in order to be considered for application on the salary schedule, must be approved by the Director in writing prior to the taking of the course. This shall apply only to those courses begun or in progress as of December 10, 2019 and thereafter.

Date _____

To be used in application of a lane change

Name _____

Circle one: College Course Workshop Seminar MTC Course Other

Course to be taken through _____
(Name of sponsoring organization)

Proposed clock hours or credits to be earned _____

If college: Course Number _____ Title _____

Beginning date of instruction _____ Ending Date _____

IT IS THE STAFF MEMBER'S RESPONSIBILITY TO BE SURE THAT THE OFFICE RECEIVES THE PROOF OF COURSE COMPLETION.

Course pre-approval date _____

Approved by _____
Director

SPECIAL EDUCATION SERVICES

Cleveland • Lake Crystal Wellcome Memorial • Maple River • Nicollet • St. Clair • Saint Peter
www.mnved.org