MINNESOTA VALLEY EDUCATION DISTRICT

REQUEST FOR LANE CHANGE

STAFF MEMBER: _____

DATE: _____

CHANGE REQUESTED: FROM_____ TO _____

DUE DATE: SEPTEMBER 15TH AND JANUARY 30TH

COLLEGE CREDITS: (MUST ATTACH OFFICIAL TRANSCRIPTS)

COURSE	COLLEGE	DATE COMPLETED	CREDIT
TOTAL CREDITS			

CEU'S: (MUST ATTACH CONTINUING EDUCATION APPROVAL)

WORKSHOP/CONFERENCE	DATE	CEU'S

TOTAL CEU'S COMPLETED		

LANE CHANGE TOTALS: (156 CEU'S REQUIRED)

_____ SEMESTER CREDITS X 20 CEU'S = _____

_____ QUARTER CREDITS X 10.4 CEU'S = _____

_____ CEU'S = _____

TOTAL (156 REQUIRED FOR A LANE CHANGE) _____

STAFF SIGNATURE_____ DATE _____

DIRECTOR SIGNATURE_____ DATE _____