

Crookston Independent School District 593

SALARY LANE ADVANCEMENT REQUEST

Name: _____

Present Lane: _____

- I plan to enroll in the class(es) listed below. I am requesting **pre-approval** of the class(es) toward a future lane advancement.
- I have completed the class(es) listed below. I did not request pre-approval before taking the class(es). I am requesting **post-approval** of the class(es) toward a future lane advancement. *(Transcripts are attached.)*
- I have accumulated sufficient credits to apply toward a **lane advancement** at this time. Listed below are those classes and credits that I want applied toward said advancement. *(Transcripts are attached.)* I understand that, according to the Master Contract, lane advancement is subject to the approval of the Board of Education.

Class Name/Number	Credits	Date	University

(Additional courses may be added on the back)

I request advance to lane: _____

_____ Date

_____ Teacher Signature

District Office Use:

- Pre-approval** of classes are approved as requested
- Post-approval** of classes are approved as requested.
- Lane Advancement** is approved to lane: _____
 Effective: September 1, 20____
 February 1, 20____

_____ Superintendent _____ Date

