

**ROCK RIDGE PUBLIC SCHOOLS
411 SOUTH 5TH AVENUE
VIRGINIA, MN 55792**

**REQUEST FOR PRE-APPROVAL OF A COURSE TO BE USED FOR LANE CHANGE
Complete and submit to the Superintendent's Office.**

Your Name: _____ Date of Request: _____

Your subject area and/or grade level: _____

Current Lane Assigned on the Salary Schedule: _____

College/University Offering the Course: _____

Department Offering the Course: _____

Course Number & Title: _____

Is this a Graduate or Undergraduate Course? Check One: Graduate Undergraduate

Semester Credits of this Course: _____ Date of Course: _____

****Please attach catalog course description.

Please describe how this course relates to your teaching assignment:

_____.

Course Approved: _____ Date: _____
Superintendent's Signature

Course Denied: _____ Date: _____
Superintendent's Signature

Reason(s) for non-approval: