

ST. LOUIS COUNTY SCHOOLS, I.S.D. 2142

**GRADUATE PROGRAM REQUEST FORM**

**Application for Lane Change Credits and/or Credit Reimbursement\*  
(Complete One Form for Graduate Program)**

Date: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Graduate Program Title: \_\_\_\_\_

**Attach Program Documentation from College or University**

College or University granting degree: \_\_\_\_\_

Credits: \_\_\_\_\_ quarter hours OR \_\_\_\_\_ semester hours

Anticipated start date: \_\_\_\_\_ Date of expected completion: \_\_\_\_\_

Please explain how the above program is applicable to your teaching assignment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E-mail form** (including course description) **to** Superintendent's Admin Assistant at: [jsopp@isd2142.k12.mn.us](mailto:jsopp@isd2142.k12.mn.us)

Application Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Superintendent's Signature)\*

Application Denied: \_\_\_\_\_ Date: \_\_\_\_\_  
(Superintendent's Signature)\*

**Official college transcripts must be provided to the District Office before any lane change and/or credit reimbursement will occur. Have transcripts sent to HR Director, St. Louis County Schools, 1701 No 9<sup>th</sup> Ave, Virginia, MN 55792 prior to October 31.**

\*Article XXIV Sec 2 Subd. 3, Master Agreement