

APPLICATION FOR LANE CHANGE

Namo					
Name:					
Location:		Request to Change to L	ane:		
Official Transci Courses and cr	nd Rates of Pay. ripts must be submitt redits must have beer	n pre-approved in accordance w	ith terms of the Tead		
Fill out the informatior	n below for each class	you are applying towards this la	ane change.		
College	Course No.	Course Title	Date Completed	Semester Credits	Quarter Credits
Once this form and su	pporting documentat	ion are received you will be not	ified of the status of	your lane cha	nge.
Employee Signature			Date		
For Human Resources	Use:				
Request Appro	oved	Request Denied			
Director of Human Res	ources Signature		Date		
Date Received:		Credits Applied to F	uture Lane Change:		
New Lane:		Effective Date:			

Denial Reason: