

Independent School District 15

4115 Ambassador Boulevard NW, St. Francis, MN 55070
763-753-7040 • www.isd15.org

Request for Pre-approval of Credits Leading to Lane Change

Name _____ Employee ID # _____

Building _____ Today's Date _____

Teaching Assignment _____ Phone Extension _____

I request pre-approval of the following course(s) or degree program

Course #	Title of course/degree program	Credits	College/University

Note: Course description for each course for which pre-approval is requested is necessary.

Describe how this training would produce a benefit for students. _____

How is this related to your current assignment? _____

Anticipated completion date of program _____

RECOMMENDED ACTION

Approved Denied

Director of Human Resources _____ Date _____

Comments: _____

Date copy made for teacher _____ HR Initials _____