APPLICATION FOR DEGREE CHANGE

Must be completed by individual requesting the change.

		DATE:				
NAME	i:					
CURR	ENT PLACEM	IENT ON GUIDE (DEGREE):			
PROP	OSED CHANG	GE IN GUIDE PLA	CEMENT:			
For Office Use	COURSE NO.	COURSE NAME	CR.	INSTITUTION	DATE	
I unders				Superintendent to be place courses above my current		
NOTE:	change must be September pay	e submitted to the S	uperintenden effect and 10	ember and February. All of t 10 days prior to the Aug of days prior to the Janua	ust BOE meeting for a	
Employee Signature				Date	Date	
Superintendent				 Date	 Date	

Revised 10/23/2023