## **APPLICATION FOR DEGREE CHANGE**

Must be completed by individual requesting the change.

	DATE:					
NAME	:					
CURR	ENT PLACEM	IENT ON GUIDE (	DEGREE):			
PROP	OSED CHANG	SE 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	submitted to the S	uperintenden effect and 10	ember and February. All of the August 10 days prior to the Janual	ust BOE meeting for a	
Employee Signature				Date	Date	
Superintendent Signature					 Date	