

The Public Schools of
NORTHBOROUGH & SOUTHBOROUGH
Request for Lane Change Approval Form

Date: ___/___/___ Name: _____

Position: _____ School: _____

Please check appropriate lane being applied for:

B+15 Masters M+18 M+36/CAGS M+60 Doctorate

Please read these directions carefully before completing and submitting the form:

1. Lane change coursework must be pre-approved by the Superintendent of Schools. *
2. Official transcripts for each course must be submitted.

Semester	Coursework	Credit	Accredited Institution Name

Total # of credits _____

Staff Member Signature

Date

The proposed lane change is: **Approved** **Denied** _____

Superintendent of Schools

Date

*Refer to applicable association contract for details.