

NRHEG Public School ISD #2168
Teacher Course Approval Request Form

Rev. 2-2-2024



Name: _____ Date: _____

Primary Building (Check one): _____ Elementary _____ Secondary

Department or Grade Level: _____

Present Lane: _____

Name of Course: _____ Credits: _____

Course Description: _____

College / Department: _____

Course Start Date: _____ Course End Date: _____

Please provide in writing, any rationale you feel would assist in the review and consideration of this request. Additional space can be used on the backside of this form and/or with an attached sheet.

Will successful completion of course result in a lane change on the Salary Schedule? _____

* At the time of submitting request for lane change, teacher must provide the District with an official transcript noting successful completion of course with credits earned.

Teacher Signature: _____ Date: _____

_____ Request Approved _____ Request Not Approved

Reason if not approved: _____

Superintendent Signature: _____ Date: _____