

## GFW Business Office



### CERTIFIED STAFF LANE ADVANCEMENT REQUEST

**DUE TO THE SUPERINTENDENT NO LATER THAN OCTOBER 1ST.**

Year \_\_\_\_\_

Name \_\_\_\_\_

Current Lane \_\_\_\_\_ Requested Lane \_\_\_\_\_

**PLEASE ATTACH PREAPPROVAL FORM AND FINAL TRANSCRIPT FOR ALL NEW COURSES.**

The burden of proof for all credits lies with the certified staff member and this proof must be in the form of a transcript grade report. Credits must be submitted by transcript by October 1st in order to be applied to the current school year. Credits submitted after October 1st will not be considered until the following school year.

\_\_\_\_\_  
Certified Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

*fostering lifelong learners in a caring environment*