

## LANE CHANGE REQUEST FORM

Please complete this form and attach backup material to it. **Only list those courses being used to support this lane change.** This form must be returned to the Human Resources Department **before September 1<sup>st</sup> of each year**, for a September lane change.

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

PRESENT LANE \_\_\_\_\_

LANE CHANGE TO \_\_\_\_\_

### GRADUATE CREDITS TAKEN

Course Number	Course Name	Institution	Date	Credits Earned

### WASHINGTON TOWNSHIP CREDITS

Course Name	Institution	Date	Credits Earned

**VERIFICATION OF CREDITS EARNED, i.e. OFFICIAL TRANSCRIPTS (OR COPY OF) AND DIPLOMA, MUST BE ATTACHED BEFORE APPROVAL IS GRANTED.**

**THE CREDITS LISTED ABOVE HAVE NOT BEEN PREVIOUSLY USED FOR A PRIOR LANE CHANGE.** \_\_\_\_\_

Employee Signature

**TOTAL CREDITS APPROVED FOR LANE CHANGE** \_\_\_\_\_

\_\_\_\_\_  
Human Resources Manager

\_\_\_\_\_  
Date