

# West Central Education District

## Course Approval Form for Lane Advancement

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Course: \_\_\_\_\_

School or University: \_\_\_\_\_ Semester Credits: \_\_\_\_\_

*Credits to be considered for application on any lane of the salary schedule must be directly related to the certified staff member's field of employment, or be Required by the State Board of Education; or Required by the Minnesota Legislature; or part of a degree or post-graduate program with a major in the certified staff member's field of employment. It must be Approved by the Education District Director, in writing, prior to taking the course. Identify how this course is germane to your position at WCED.*

\_\_\_\_\_  
*All correspondence, on-line, interactive or video courses must demonstrate the following to the Education District Director to have prior approval: Rigor of the course; relevance of the course; and direct contact, by some means, with an instructor of the course. Indicate how this course meets the above requirements:*

\_\_\_\_\_  
Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ If Denied, Reason: \_\_\_\_\_

I have reviewed the application for course approval and have determined that it meets criteria set forth in the Staff Handbook for lane advancement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date