



Langdon Area School District #23



Lane Change Request Form

Teacher's Name: _____

Please check box for Current Lane and Requested Lane

| Current Lane | Requested Lane Advancement |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> BS | <input type="checkbox"/> BS+12 |
| <input type="checkbox"/> BS+12 | <input type="checkbox"/> BS+24 |
| <input type="checkbox"/> BS+24 | <input type="checkbox"/> BS+36 |
| <input type="checkbox"/> BS+36 | <input type="checkbox"/> BS+52 |
| <input type="checkbox"/> BS+52 | <input type="checkbox"/> BS+68 |
| <input type="checkbox"/> BS/BS+ | <input type="checkbox"/> MA |
| <input type="checkbox"/> MA | <input type="checkbox"/> MA+16 |
| <input type="checkbox"/> MA+16 | <input type="checkbox"/> MA+32 |

***Transcripts required to verify lane change**

Teacher's Signature: _____

Date: _____

Submit completed form and transcripts to the Superintendent.