

New London-Spicer School District #0345
101 4th Ave SW
New London, MN 56273

Credit Pre-Approval Request

Name: _____ Department/Grade: _____

Current Degree and Lane: 3 Yr. _____ B.S. _____ M.S. _____ Other _____

1. Major Field: _____ Minor Field: _____

2. a. Is this course part of a Master Degree Program, as mutually agreed upon by you and your advisor? Yes__ No__

b. If yes, name of college or university: _____

c. Has a copy of the approved college program been submitted to the District Office for placement in your Educational Record file? Yes__ No__

3. Do you plan on a Lane change next school year? Yes__ No__ Estimated Date of Lane Change _____

4. Will you be utilizing any District or Building Staff Development funds to obtain this credit? Yes__ No__

5. Why do you wish to take this/these course(s)? _____

Course Description	Course Number	Q/S Hours	Quarter or Session	Date	Institution

** Use additional pages for courses exceeding the above space.

Applicant Signature: _____ Date: _____

Administration Approval: _____ Date: _____