## Beresford School District #61-2 REQUEST FOR LANE CHANGE

This form must be submitted to the Office of the Business Manager with official transcripts prior to September 1st.

Name:					
Date:					
Current La	ne:				
Proposed L	ane Change:				
	Credits to b	e used towa	ard lane change (official tra	anscripts must be attached)	
DATE OF	COURSE	COURSE	COURSE		
COURSE	PREFIX (EDAD, EDER, etc.)	NUMBER	NAME	UNIVERSITY	CREDITS