

Festus R-VI School District

Channel Change Request

I certify that I have obtained enough additional college credit hours to qualify for a change of channel to _____ on Step _____ on the salary schedule. **I understand that I cannot be approved for a channel change unless OFFICIAL transcripts have been received by the 4th Monday in August of the current year.** (*The only exception that will be made is if your Professor writes a letter stating that your official grade will not be posted prior to this date.*)

Print Name *Signature* *Date*

Approved for Channel Change: _____
Assistant Superintendent Signature *Date*

For office use only:

_____ Cindy S.

_____ Becky U.

_____ Mr. E

Initials indicate that information has been properly documented for area of responsibility