REQUEST FOR CHANGE OF ASSIGNMENT

Name: Date:

CURRENT ASSIGNMENT: SCHOOL:
GRADE LEVEL/SUBJECT AREA:

DESIRED ASSIGNMENT: SCHOOL:
GRADE LEVEL/SUBJECT AREA:

What grade level and subject area does your Minnesota Teaching License include?

Describe what advantage you see in each of the following as a result of such a change in assignment?

A. Advantage to the education program:

B. Advantage to the district program:

C. Advantage to yourself:

What co-curricular interests and abilities do you have? Include any activities that you are now responsible for:

What other comments do you wish to make regarding your request for voluntary transfer:

Staff Member Signature: