EXHIBIT I

PROFESSIONAL ADVANCEMENT RECORD

St. Cloud Area Schools, District 742
St. Cloud, Minnesota

Name: _____

Building: _____

Additional Course Work
(Prior Administrative Approval Required)

Course # and Title	Quarter hours	College	Date course Taken	Administrator Signature	Date

Upon completion of the above courses I will be eligible to advance from Lane _____ to Lane _____ effective _____ (date of last class).

_____ _____

Date Signature

revised 5/99