



REQUEST FOR COURSE REVISION

(Submit Request with Approval Signatures to the Director of Curriculum and Instruction)

- 1) School Name: _____
- 2) Contact Person: _____ Phone/Email: _____
- 3) Action Requested (i.e., create, modify, add, delete) _____

- 4) Submission Date: _____ Desired Effective Date: _____
- 5) Title of Course: _____
- 6) Course Description: _____

- 7) Rationale for Course Change: _____

- 8) Subject Area: _____
- 9) Course Status (Required, Remedial, Elective or Advanced Elective): _____
- 10) Course Sequence (1, 2, 3, 4, or higher): ____ Course Prerequisites: _____
- 11) Number of Credits: _____ Weight (4.0 or 5.0): _____ Grade Levels: _____ to _____
- 12) Is there curriculum for the course? _____ If not when will it be completed? _____
- 13) Are their textbook(s) or instructional materials currently available to teach the course? _____
- 14) Anticipated Student Enrollment per Semester: Students: _____ Sections: _____
- 15) Teacher Subject Area(s) Certification: _____
- 16) Approval Signatures:

Principal

Date

Director of Curriculum and Instruction

Date