

**NEW/ADDED COURSE REQUEST**

*Directions: Please complete the information requested on this form for each newly created course that you propose to offer; use this also for each local credit course developed for another school that you wish to add. Attach the other information noted in the outline below. A copy of this form for the reviewed and approved course requests will be returned to you with any special conditions established for the approval.*

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART I- GENERAL COURSE DESIGN (Attach the following information)**

1. **Course Title**
2. **District**
3. **Grade level**
4. **Course Requirements**
5. Description of course, its major elements, objectives and if applicable, college and credits earned
6. Pre-requisites
7. Standards to be addressed
8. Goals and measurable objectives
9. Description of academic/instructional activities, major resources and materials to be used
10. Methods for evaluation of student outcomes
11. Qualifications of teacher(s)
12. Amount of credit requested
13. Number of college credit earned
14. College in which credit is earned
15. School year(s) for which approval is requested and length/duration

**PART II- SUPPLEMENTAL INFORMATION** **(Submit on a separate sheet from Part I)**

1. **Course is applicable to which Graduation Plan (i.e. Is this request for credit toward graduation or just an additional local elective)**
2. **Placement of course in other course sequence**
3. **Proposed budget**
	1. One-time Start-up costs (Detail items, costs and funding source(s))

Recurring Costs (Detail items, costs and funding source(s))

1. **Source of funds**
2. **Plans for staffing**

**Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Submit completed requests to the Director of Curriculum and Instruction***

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Curriculum & Instruction Content Supervisor

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Supervisor of Scheduling and Counseling Name: Gina Silvia**

**\_\_\_\_\_\_\_\_\_\_ Approved**

**\_\_\_\_\_\_\_\_\_\_ Not approved- comments/revisions needed**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Executive Director Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_ Approved**

**\_\_\_\_\_\_\_\_\_\_ Not approved- comments/revisions needed**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Executive Director of Curriculum and Instruction Name: Cameron Berube**

**\_\_\_\_\_\_\_\_\_\_ Approved**

**\_\_\_\_\_\_\_\_\_\_ Not approved- comments/revisions needed**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chief Academic Officer Name: Thomas Flanagan**

**\_\_\_\_\_\_\_\_\_\_ Approved**

**\_\_\_\_\_\_\_\_\_\_ Not approved- comments/revisions needed**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**