



Jefferson City Public Schools

2018-2019 PROPOSED CHANGE OF COURSE NAME OR DESCRIPTION

****Please submit request to the Curriculum Office by December 1st ****

Please identify the request for consideration:

_____ Course Name Change _____ Course Description Change

Current Name of Course: _____

Proposed New Name of Course: _____

Department(s) Name Submitting Change: _____

Reason for Change to Course Name:

.....

Current Course Description:

Proposed Course Description:

Reason for Change to Course Description:

.....

Signature of Teacher Submitting

Signature of Department Chair

Date

Signature of Building Administrator

Date

Signature of Central Office Administrator

Date

- Approval has been granted Signed copy sent to Department Chair & Lead Counselor