



NEW COURSE PROPOSAL FOR HIGH SCHOOL

◆ Please submit this request to the Curriculum Office by September 1st for the following school year ◆

PROPOSED NEW COURSE INFORMATION

New Course Name:

Department(s) Submitting New Course:

Grade Level(s):

Course Duration: Semester Year

Credit Type/Amount:

Proposed Start Date:

Which standards set do you plan to utilize to support this course:

Would this course replace an existing course?

Yes No

If Yes, which course: _____

Prerequisite(s):

Requesting a resource for course: Yes No

Course Rationale:

Course Description:

CAPITAL CITY HIGH SCHOOL

JEFFERSON CITY HIGH SCHOOL

Signature of Department Chair:

Date

Signature of Department Chair:

Date

Signature of Building Administrator:

Date

Signature of Building Administrator:

Date

Signature of Central Office Administrator

Date

[] Approval has been granted [] Signed copy sent to Department Chair, Lead Counselor, and SIPA department