



## PROPOSAL TO CHANGE COURSE NAME AND/OR DESCRIPTION

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

| COURSE INFORMATION  |
|---|
| <p><b>Please identify the request for consideration:</b></p> <p><input type="checkbox"/> Course Name Change                      <input type="checkbox"/> Course Description Change</p> |
| <p><b>Current Name of Course:</b></p>   |
| <p><b>Proposed New Name of Course:</b></p>  |
| <p><b>Department(s) Name Submitting Change:</b></p>   |
| <p><b>Reason for Change to Course Name and/or Course Description:</b></p>   |
| <p><b>Current Course Description:</b></p>   |
| <p><b>Proposed Course Description:</b></p>  |

| THOMAS JEFFERSON MIDDLE SCHOOL   | LEWIS & CLARK MIDDLE SCHOOL  |
|--|--|
| <p>_____</p> <p>Signature of Department Chair:                      Date</p>       | <p>_____</p> <p>Signature of Department Chair:                      Date</p>       |
| <p>_____</p> <p>Signature of Building Administrator:                      Date</p> | <p>_____</p> <p>Signature of Building Administrator:                      Date</p> |

|   |   |
|---|---|
| <p>_____</p> <p style="text-align: center;"><b>Signature of Central Office Administrator</b></p>                        | <p>_____</p> <p style="text-align: center;"><b>Date</b></p> |
| <p>[ ] Approval has been granted      [ ] Signed copy sent to Department Chair, Lead Counselor, and SIPA department</p> |   |