



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

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