



# PROPOSAL TO DELETE OR ARCHIVE HIGH SCHOOL COURSE

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

### COURSE INFORMATION:

Please identify the request for consideration:     Delete         Archive

Name of course proposed for deletion or archive:

Department(s) submitting proposed deletion or archive:

Explanation for proposed deletion or archive:

Is this course deletion going to interfere with a course sequence?

Yes     No

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	
<input type="checkbox"/> Approval has been granted <input type="checkbox"/> Signed copy sent to Department Chair, Lead Counselor, and SIPA department			