

Course Proposal Form

Course Title: Course Type: <input type="checkbox"/> Pilot <input type="checkbox"/> New Course Number: CBED Code(s)/Number(s): Unit Value: <input type="checkbox"/> .5 (Half year or semester) <input type="checkbox"/> 1 (one year equivalent) <input type="checkbox"/> 2 (two year equivalent) <input type="checkbox"/> Other: Grade Level(s) for which this course is designed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Seeking Honors distinction: <input type="checkbox"/> Yes <input type="checkbox"/> No College Prep? <input type="checkbox"/> Yes <input type="checkbox"/> No Subject Area: <input type="checkbox"/> History/Social Science <input type="checkbox"/> English <input type="checkbox"/> Mathematics <input type="checkbox"/> Laboratory Science <input type="checkbox"/> Language other than English <input type="checkbox"/> Visual & Performing Arts <input type="checkbox"/> Intro <input type="checkbox"/> Advanced <input type="checkbox"/> College Prep Elective <input type="checkbox"/> Other Elective
Brief Course Description:	

Name:	Extension:
Title/Position:	Email:

Principal's Signature

Date

Department Chair's Signature

Date:

Director of Curriculum's Signature:

Date: