



**Instruction, Curriculum & Student Services**

**REQUEST FOR CHANGE OF AN EXISTING COURSE**

**Instructions for submission:**

**Please print or type the following information and submit one form per course change to the Content Area Facilitator.** The Content Facilitator will submit to the Assistant Superintendent of Instruction, Curriculum and Student Services for final review.

**INCOMPLETE FORMS WILL NOT BE PROCESSED.**

General Information		
Course Title:		
Course Code:	Student Grade Level:	
School:	Department:	Credit Per Semester:
Course Length:	Elective Credit: <input type="checkbox"/>	Required Credit: <input type="checkbox"/>
Course Prerequisite (if any):		

Changes to Course Information (Fill in all fields that require changes)		
Course Title:	Starting Date:	
Course Code:	Student Grade Level:	
School:	Department:	Credit Per Semester:
Course Length:	Elective Credit: <input type="checkbox"/>	Required Credit: <input type="checkbox"/>
Course Prerequisite (if any):		
<b>Course Description Changes</b> (attach separate sheet if needed):		
<b>Reasoning and Description of Change(s)</b> (attach separate sheet if needed):		

## REQUEST FOR CHANGE OF AN EXISTING COURSE

The **Department Chairperson**, after consultation with appropriate staff and the teachers who will teach the course:

RECOMMEND       DO NOT RECOMMEND

Printed/Typed Name

\_\_\_\_\_  
Signature of Department Chairperson

\_\_\_\_\_  
Date

**Comments:**

The **Principal**, after consultation with the department chairperson concerning the recommended changes ensuring they meet standards, and:

RECOMMEND       DO NOT RECOMMEND

Printed/Typed Name

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

**Comments:**

The **Content Facilitator**, expressing the action of the Curriculum Committee:

RECOMMEND       DO NOT RECOMMEND

Printed/Typed Name

\_\_\_\_\_  
Signature of Content Facilitator

\_\_\_\_\_  
Date

**Comments:**

The **Assistant Superintendent or Designee**:

RECOMMEND       DO NOT RECOMMEND

Printed/Typed Name

\_\_\_\_\_  
Signature of Assistant Superintendent or Designee

\_\_\_\_\_  
Date

**Comments:**