

Use this form to request approval for course revisions.

<u>Original Course Information</u>		<u>Revised Course Information</u>	
Course Title	Course Key	Course Title	Course Key
<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>
Curriculum Title	Curriculum Key	Curriculum Title	Curriculum Key
<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>
Course Length	Credit Earned	Course Length	Credit Earned
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

The reason for course revision:

Recommendation by IMPC

Approval of the recommendation will conform with: a) applicable state and federal laws; b) the stated goals and objectives of the District; c) policies of the Board; and d) District administrative procedures.

Teacher Signature

Teacher Date

CTE Director Signature

CTE Director Date

Building Administrator Signature

Bldg. Admin. Date

District Administrator Signature

Dist. Admin. Date