Course Application Form*

(1) Course Title _____

(2) District Name _____   School Name _____

(3) Course Requirements:

  A. Description of the course and its elements or objectives

  B. Rationale and justification for the request in terms of student need

  C. Description of activities, major resources, and materials to be used

  D. Methods for evaluating student outcomes

  E. Qualifications of teachers

  F. Amount of credit requested

  G. School years for which approval is requested

  H. Type of course:

        ____Honors Credit

        ____Independent Studies

        ____Innovative (State credit)**

        ____Local Credit

*This form is based on the state application for innovative courses.

**NOTE: To request approval from the State Board of Education or the commissioner of education, the school district must submit a request for approval at least six months before planned implementation.