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.