

REQUEST FOR NEW COURSE

Carmel Unified School District

Please complete this form and respond to all requested information.

School/Dept.: _____

Date Submitted: _____

Staff Member Initiating the Request: _____

Step 1 - Initial Proposal (Due to Admin by April 1st each year)

Reviewed By: _____

Content Area: _____

State Course Code: _____

Suggested Course Title: _____ Proposed 1st Year Offering: _____

Credit Hours: 5 10
(circle one)

Grades Offered: 7 - 8 - 9 - 10 - 11 - 12
(circle included grades)

Prerequisites: _____

Course description as it should appear in the course catalog: _____

What CUSD graduation requirement subject area does it meet? _____

Proposed A-G Qualified Course? ___ Yes ___ No If Yes, Which Subject: _____

Does course qualify for weighted grade? ___ Yes ___ No

What are the minimum and maximum students per section? _____

Rationale for offering new course: _____

Anticipated impact on instructional program, if any: _____
