

**BOARD OF EDUCATION**

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[www.carmelunified.org](http://www.carmelunified.org)

# REQUEST FOR COURSE REVISION

Please complete this form and respond to all requested information

School/Dept.: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member Initiating the Request: \_\_\_\_\_

Content Area: \_\_\_\_\_ State Course Code: \_\_\_\_\_

Current Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_

**Required** – Request New Course Number Through Aeries: \_\_\_\_\_

Is This an A-G Qualified Course? \_\_\_ Yes \_\_\_ No If Yes, Which Subject: \_\_\_\_\_

What CUSD graduation requirement subject area does it meet? \_\_\_\_\_

Explanation of Course Change:

Indicate the specific revision requested:

- Title change to: \_\_\_\_\_
- Credit hours to: \_\_\_\_\_
- Course duration to: \_\_\_\_\_
- Grades offered: \_\_\_\_\_
- Difficulty area: \_\_\_\_\_
- Prerequisites: \_\_\_\_\_
- Course description (attached)

>>> **NOTE:** New curriculum (goals & objectives) reflecting proposed changes must be included with this revision request form if applicable <<<

Department Head  Recommended  
 Not Recommended

Principal  Recommended  
 Not Recommended

Cabinet Approval  Recommended  
 Not Recommended

**Board Meeting Date:** \_\_\_\_\_

**Approved**

**Not Approved**

- Aeries Course # \_\_\_\_\_
- Site Course Catalog Publisher Notified
- Textbook Buyer Notified
- Human Resources Notified