

Mount Vernon School District
New/Revised Course Approval Request
Grade 9-12

Suggested Course Title: _____

Subject Area: _____

This is a request for: Course Revision New Course

This course is a replacement for:

Required Course: Elective Course:

Cross Credit Request: Yes No

If yes, list classes and department affected: _____

Prerequisite(s)? Yes No

If yes, explain: _____

Grade level(s): _____ Course length: _____

Projected Starting Date: _____

Teacher certification requirements: _____

Funding for classroom curriculum materials (identify source): _____

Washington State Learning Standards:

Course Description (give exact description ready for pasting into catalog):

Describe how this course will meet current needs not being met by existing courses. Describe the process to identify these needs:

Submitted by: _____ Date: _____
Please Print

Course recommendation reviewed by Team Leaders & Approved: Yes No

Sign and date in order listed:

Department Head: _____ Date: _____ Approved

Request Denied

Building Principal: _____ Date: _____ Approved

Request Denied

Curriculum Director: _____ Date: _____ Approved

Request Denied

Superintendent/
Board Approval: _____ Date: _____ Approved

Request Denied

Comments:
