

Course Code Directory Request to Add a New Course

Please submit one signed, hard copy of all forms and attachments, as well as email the electronic version, to:
 Office of K-20 Articulation
 Florida Department of Education
 325 West Gaines Street, Suite 1232
 Tallahassee, Florida 32399-0400
 Phone: (850) 245-0427
 Email: Articulation@fldoe.org

DATE:		SCHOOL DISTRICT:	
CONTACT NAME/TITLE:		CONTACT PHONE:	
CONTACT MAILING ADDRESS:		CONTACT EMAIL ADDRESS:	
COURSE TITLE:		SUBJECT AREA:	SUB-SUBJECT AREA:
GRADE LEVEL(S):	COURSE LEVEL:	CREDIT:	MEETS THE FOLLOWING HIGH SCHOOL SUBJECT AREA GRADUATION REQUIREMENT:
<input type="checkbox"/> K-5 <input type="checkbox"/> Middle/Junior 6-8 <input type="checkbox"/> 9-12/Adult <input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 1 (remedial) <input type="checkbox"/> Level 2 (regular) <input type="checkbox"/> Level 3 (rigorous)	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0 <input type="checkbox"/> Multiple <input type="checkbox"/> No value	
RECOMMENDED EDUCATOR CERTIFICATION(S):			

COURSE DESCRIPTION:	Please attach a course description for the recommended course that identifies the Major Concepts/Content, Special Notes, and the Course Requirements aligned with the appropriate state standards available at www.cpalms.org . See example at: http://www.cpalms.org/Public/PreviewCourse/Preview/1723
LOCAL APPROVAL:	Please attach documentation of your School Board approval of this recommended course.
PLEASE DESCRIBE THE NEED FOR THE NEW COURSE, INCLUDING THE REASON WHY AN EXISTING COURSE WILL NOT SERVE THE NEED. Requests could be supported with data indicating the need for the course. Other considerations should include existing courses that might duplicate content or credits.	

By signing, requestor is acknowledging that the information provided as a part of this *Request to Add a New Course* is true and accurate.

Signature of Superintendent or Designee

Date