

Use this form to request approval for course revisions.

<u><b>Original Course Information</b></u>		<u><b>Revised Course Information</b></u>	
Course Title <input style="width: 90%;" type="text"/>	Course Key <input style="width: 90%;" type="text"/>	Course Title <input style="width: 90%;" type="text"/>	Course Key <input style="width: 90%;" type="text"/>
Curriculum Title <input style="width: 90%;" type="text"/>	Curriculum Key <input style="width: 90%;" type="text"/>	Curriculum Title <input style="width: 90%;" type="text"/>	Curriculum Key <input style="width: 90%;" type="text"/>
Course Length <input style="width: 90%;" type="text"/>	Credit Earned <input style="width: 90%;" type="text"/>	Course Length <input style="width: 90%;" type="text"/>	Credit Earned <input style="width: 90%;" type="text"/>

The reason for course revision:

**Recommendation by IMPC**

Approval of the recommendation will conform with: a) applicable state and federal laws; b) the stated goals and objectives of the District; c) policies of the Board; and d) District administrative procedures.

	Teacher		Date	
Teacher Signature				
	CTE Director		Date	
CTE Director Signature				
	Bldg. Admin.		Date	
Building Administrator Signature				
	Dist. Admin.		Date	
District Administrator Signature				