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Course Code Request Form
INSTRUCTION SHEET

Requestors:

1. Please download the Course Code Request Form to activate the fillable areas.
2. Complete the designated areas as indicated on the Form.
For example: District Requestor Only, MDE Requestor Only.
3. Save your completed form.
4. Submit (as an attachment) for processing via email to MScoursecodes@mdek12.org with the subject line: CC Request Form SY24-25.
**Note: No scanned or faxed forms will be accepted**.
5. Requests for SY 2024-2025 are due by October 1, 2023.

 Note: Any request for the current school year (2023-2024) will require

 escalation; therefore, please submit ASAP and note this in the subject line (i.e.,

 CC Request Form SY23-24).

****Course Code Request Form

Please send completed to: MScoursecode@mdek12.org

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| **SUBMISSION FROM DISTRICT (Completed by District Requestor ONLY)** |
| District/School Name |       |
| District Code |       |
| Email  |       | Phone |       |
| Requestor Name |       |
| Date Submitted |       | Change for School Year: |       |

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| **SUBMISSION FROM MDE (Completed by MDE Requestor ONLY)** |
| MDE Program Office |       |
| Email  |       | Phone |       |
| Requestor Name |       |
| Date Submitted |       | Change for School Year: |       |

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| **COURSE CODE INFORMATION (Completed by Requestor)** |
| [ ]  Add New Code | [ ]  Deactivate Existing Code | [ ]  Modify Existing Code |
| Course Title:       | Course Code #:      (Skip if New Course Code) |
| Course Align with MS CCR Standards? [ ] Yes [ ] No Standards Document Year       |
| Grade Level | [ ]  SPED Pre-K[ ]  Pre-K[ ]  SPED K [ ]  K | [ ]  SPED E[ ]  1[ ]  2 [ ]  3 | [ ]  4[ ]  5 [ ]  6[ ]  7  | [ ]  8[ ]  SPED S[ ]  9[ ]  10 | [ ]  11[ ]  12[ ]  ALL |
| Course Duration: [ ]  Semester [ ]  Year [ ]  Both |
| Site: [ ]  Regular School [ ]  Career & Technical [ ]  Alternative School [ ]  District Office |
| Teaching Course: [ ]  Yes [ ]  No | Carnegie Units: [ ]  0 [ ]  .25 [ ]  .5 [ ]  1 [ ]  1.5 [ ]  2 [ ]  2.5 |
| Class Duration |       Minimum minutes taught per class  |       Maximum minutes taught per class |
| Students |       Minimum students taught per class  |       Maximum students taught per class |
| **CTE ONLY** | CTE Course | [ ]  Yes [ ]  No  | CIP Code |       |
| Year Indicator | [ ]  Not applied [ ]  First year [ ]  Second Year |

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| **REQUEST RATIONALE: (Completed by Requestor)** |
| Please provide justification for offering this course(s) including curriculum. (Attach extra sheets if the field is not large enough for your rationale.)      |

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| **MEMO FIELD: (Completed by Requestor) Comment Prints Under Course Title – i.e., Prerequisite Visual Arts, etc.** |
| (Attach extra sheets if the field is not large enough for your rationale.)      |

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| **MDE Office Use Only**  |
| IHL Course: [ ]  Yes [ ]  No  | Core Subject: [ ]  Yes [ ]  No | Special State Schools: [ ]  Yes [ ]  No |
| Certificate Required: [ ]  Yes [ ]  No [ ]  Any Certificate (MDE approved or issued License) |
| Endorsement Required: [ ]  Yes [ ]  No IF yes, list Specific Endorsements for any Certificate?       (Example: 181, 182, or 181 & 185) |
| Funding Code: | [ ]  No Specific Funds (0) [ ]  Title I (1) [ ]  CTE (2) [ ]  Title III (3) [ ]  Title II (4) [ ]  SPED (5) [ ]  Gifted (6) [ ]  Title IV (7) [ ]  ESSER (8) [ ]  Other (9)  |
| MAEP Selectable: [ ]  Yes [ ]  No | Advanced Placement Indicator: [ ]  Yes [ ]  No |
| SAR Code (Staff Type) | Choose an item. |
| Instructional Personnel Category Code | Choose an item. |
| Course Code Category | Choose an item. |
| Common Core of Data Code | Choose an item. |

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| **MDE Office Use Only****Please do not digitally sign (this will lock document); only insert signature image** |
| **CONTENT SPECIALIST**Division:       | Date       | Approvedwith edits [ ]  | Approved [ ]   | Denied [ ]   |
| Denial Reason/ Edits Required:       |
| Signature  |
| **ELEMENTARY EDUCATION** | Date       | Approvedwith edits [ ]  |  Approved [ ]   | Denied [ ]  |
| Denial Reason/ Edits Required:       |
| Signature  |
| **SECONDARY EDUCATION** | Date       | Approvedwith edits [ ]  |  Approved [ ]   | Denied [ ]  |
| Denial Reason/ Edits Required:       |
| Signature  |
| **ACCREDITATION** | Date       | Approvedwith edits [ ]  |  Approved [ ]  | Denied [ ]  |
| Denial Reason/ Edits Required:       |
| Signature  |
| **LICENSURE** | Date       | Approvedwith edits [ ]  |  Approved [ ]   | Denied [ ]  |
| Denial Reason/ Edits Required:       |
| Signature  |
| **CHIEF ACADEMIC OFFICER**\**only if requesting current SY* | Date       | Approvedwith edits [ ]  |  Approved [ ]  | Denied [ ]  |
| Denial Reason/ Edits Required:       |
| Signature  |
| OTSS ONLY | Entered by (Name):       | Date:       |