INSTRUCTION SHEET

Requestors:

1. Please download this Course Code Request Form as a ‘Word doc’ to activate the gray fillable text areas and drop-down options.
2. Complete the designated areas as indicated on the Form.  
   For example: District Requestor Only, MDE Program Office Requestor Only.
3. Save your completed Course Code Request Form as a Word doc on your device. Use the below naming format for your document:   
   Existing courses: CC# NAME OF COURSE deactivate/modify YEAR  
    Example: *420109 SOCIAL STUDIES PSYCHOLOGY II modify 24-25*  
   New courses: NAME OF COURSE new YEAR

Example: *OL-SOCIAL STUDIES GRADE 6 new 25-26*

1. Submit (as an attachment as a Word Doc) for processing via email to [MScoursecodes@mdek12.org](mailto:MScoursecodes@mdek12.org) with the subject line: CC Request Form SY26-27.  
   **Note: No scanned or faxed forms will be accepted**.
2. Requests for SY 2026-2027 are due by October 1, 2025.

Note: Any requests for the current school year (2025-2026) will require

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

CC Request Form SY25-26).

|  |
| --- |
| **DISCLAIMER** |
| Completion of this form does not constitute approval of the request.  The MDE reserves the right to request additional information  and/or reject the request. |

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

|  |  |  |
| --- | --- | --- |
| **SUBMISSION FROM MDE PROGRAM OFFICE *(Completed by MDE Requestor ONLY*)** | | |
| MDE Program Office: | | |
| Requestor Name: | Email: | Phone: |
| Date Submitted: | School Year Impacted: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COURSE CODE INFORMATION *(Completed by District or MDE Program Office Requestor)*** | | | | |
| Add New Code  *Complete all fields.* | Deactivate Existing Code ***Only*** *complete sections:*  *Course Code, Course Title., and*  *Rationale.* | | | Modify Existing Code ***ONLY complete*** *the applicable fields/selections that require modification must include current and new information.* |
| **Course Code** #:       *Skip if ‘Adding New Code’* | **Course Title**:       *Provide complete title in all CAPS.* | | | |
| **Course Description**, including prerequisites: *Required for all New Code requests.* *Type in the gray box so this area will automatically expand to hold all information* | | | | |
| Course Align with MS CCR Standards/Frameworks? Yes No | | | | Standards Document Year: |
| SCED **Course Subject Area**: Choose an item.  **Course Level** Characteristics: Choose an item. ​  *Listed as Type in Portal.* | | | **Carnegie Units**  0  .25  .5  1  1.5  2 | |
| **Grade Span**  *Select the lowest and highest grade a class can be offered; these can equal one grade. For example, a 6th grade only would be Low Grade – 6, High Grade– 6.* | | | Low Grade Choose an item.  High Grade Choose an item. | |
| **End Of Course Assessment** Requirement? Yes No If yes, please select test: Choose an item. | | | | |
| Pilot Course? Yes No | | District(s) offering: | | School Year(s) impacted? |

|  |  |
| --- | --- |
| **For CTE Courses ONLY *(Completed by District or MDE CTE Program Office Requestor)*** | |
| **Year Indicator**:  Neither  First year  Second Year | |
| CTE **Career Cluster**: Choose an item. | CTE **Pathway and CIP Code**: Choose an item. |

|  |
| --- |
| **REQUEST RATIONALE: *(Completed by District or MDE Program Office Requestor)*** |
| **Please explain your rationale for adding, deactivating, or modifying this course(s). Be sure to include supporting information that will assist in the decision-making process.**   **Example 1:** This course needs to be added because HB 1234 requires this course for all students; it will begin during the 1234 SY; the curriculum will include material approved by SBE  **Example 2:  Rationale:** Modify course code to give districts and schools more opportunities to offer additional course levels to students.  **Course Code: 00000**  **Grade Span:** ~~9-12~~ 7-12  *Type in the gray box(s), and the areas will automatically expand to hold all information. If this field is not large enough, please attach a separate sheet with information.*  **Rationale:**  Complete only the section(s) that are being added or modified for this course.   |  | | --- | | **Course Code:**  **Course Title:**  **Course Description:**  **Endorsement(s):**  **Carnegie Units:**  **Grade Span:** | |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Office Use Only** | | | |
| Course Department Name Choose an item. | | | Core Subject:  Yes  No |
| Course Begin Date | | | Course Inactive Date       *Include if ‘Deactivating Code’.* |
| **Certificate Required**:  Yes  No  Specific Endorsements:  *List all applicable – current and updated Explain in Rationale section.* | | Approved by the Licensure Commission?  Yes  No  N/A  Date  Approved by the State Board of Education?  Yes  No  N/A  Date | |
| CED Course Level: | Basic / supplemental/ intervention  General / Regular  Enriched / Advanced - Gifted  College – Dual Credit, IB, AP, and Cambridge | | |
| SCED Sequence of Course:       *Example: 1 of 2 courses = 12* | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MDE Office Use Only** | | | | | | | | |
| **COURSE CODE WORKGROUP** Reviewed | | | Date | | Approved w/edits | Approved | | Denied |
| Denial Reason/ Edits Required: | | | | | | | | |
| Signature | | | | | | | | |
| **CONTENT SPECIALIST** Division: | | | Date | | Approved w/edits | Approved | | Denied |
| Denial Reason/ Edits Required: | | | | | | | | |
| Signature | | | | | | | | |
| **PROGRAM OFFICE DIRECTOR** Division: | | | Date | | Approved w/edits | Approved | | Denied |
| Denial Reason/ Edits Required: | | | | | | | | |
| Signature | | | | | | | | |
| **ELEMENTARY EDUCATION**  *\*only if K-6* | | | Date | | Approved w/edits | Approved | | Denied |
| Denial Reason/ Edits Required: | | | | | | | | |
| Signature | | | | | | | | |
| **SECONDARY EDUCATION** | | | Date | | Approved w/edits | Approved | | Denied |
| Denial Reason/ Edits Required: | | | | | | | | |
| Signature | | | | | | | | |
| **ACCREDITATION** | | Date | | Approved w/edits | | Approved | | Denied |
| Denial Reason/ Edits Required: | | | | | | | | |
| Signature | | | | | | | | |
| **LICENSURE** | | Date | | Approved w/edits | | Approved | | Denied |
| Denial Reason/ Edits Required: | | | | | | | | |
| Signature | | | | | | | | |
| **CHIEF ACADEMIC OFFICER** \**only if requesting current SY* | | Date | | Approved w/edits | | Approved | | Denied |
| Denial Reason/ Edits Required: | | | | | | | | |
| Signature | | | | | | | | |
| OTSS ONLY | Entered by (Name): | | | | | | Date: | |