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 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).

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| **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. |

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

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

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| **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? [x] Yes [ ] No If yes, please select test: Choose an item. |
| Pilot Course? [ ] Yes [ ] No  | District(s) offering:        | School Year(s) impacted?       |

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| **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. |

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| **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.

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| **Course Code:**      **Course Title:**      **Course Description:**      **Endorsement(s):**      **Carnegie Units:**      **Grade Span:**       |

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| **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 [ ]  NoSpecific Endorsements:      *List all applicable – current and updatedExplain in Rationale section.* | Approved by the Licensure Commission? [ ]  Yes [ ]  No [ ]  N/ADate      Approved by the State Board of Education? [ ]  Yes [ ]  No [ ]  N/ADate       |
| [ ] 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* |

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| **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:       |