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: <u>Articulation@fldoe.org</u>

Course Code Directory Request to Add a New Course

DATE:			SCHOOL DISTRICT:			
CONTACT NAME/TITLE:			CONTACT PHONE:			
CONTACT MAILING ADDRESS:			CONTACT EMAIL ADDRESS:			
COURSE TITLE:				SUBJECT AREA: SUB-SUBJECT		SUB-SUBJECT AREA:
GRADE LEVEL(S): COURSE LEVEL:		EVEL:		CREDIT:		FOLLOWING HIGH SCHOOL REA GRADUATION
					REQUIREME	
	☐ Level 1 (remedial)		□ 0.5			
□ K-5□ Middle/Junior 6-8□ 9-12/Adult	□ Level 2 (regular)		□ 1.0			
	☐ Level 3 (rigorous)		☐ Multiple			
□ Other:				☐ No value		
RECOMMENDED EDUCATOR CERTIF	ICATION(S):	:			•	

COURSE	Please attach a course description for the recommended course that identifies the Major Concepts/Content, Special Notes,
DESCRIPTION:	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.
THE NEED. Request	THE NEED FOR THE NEW COURSE, INCLUDING THE REASON WHY AN EXISTING COURSE WILL NOT SERVE is could be supported with data indicating the need for the course. Other considerations should include existing luplicate content or credits.
By signing, requestor is	s acknowledging that the information provided as a part of this Request to Add a New Course is true and accurate.
	Cinnature of Curanistandant or Decimals
	Signature of Superintendent or Designee Date