

Please submit one signed, hard copy of all forms and attachments, as well as email the electronic version, to:  
 Manager, Course Code Directory  
 Office of Articulation  
 Florida Department of Education  
 325 West Gaines Street, Suite 1401  
 Tallahassee, Florida 32399-0400  
 Phone: (850) 245-9543  
 Email: [trinity.colson@fldoe.org](mailto:trinity.colson@fldoe.org)

# Course Code Directory

## Request to Add a New Course

<b>DATE:</b>		<b>SCHOOL DISTRICT:</b>		
<b>CONTACT NAME/TITLE:</b>		<b>CONTACT PHONE:</b>		
<b>CONTACT MAILING ADDRESS:</b>		<b>CONTACT EMAIL ADDRESS:</b>		
<b>COURSE TITLE:</b>		<b>SUBJECT AREA:</b>		<b>SUBJECT AREA CATEGORY:</b>
<b>GRADE LEVEL:</b>		<b>COURSE LEVEL:</b>	<b>CREDIT:</b>	<b>WILL MEET HIGH SCHOOL SUBJECT AREA GRADUATION REQUIREMENT FOR:</b>
<input type="checkbox"/> Middle/Junior 6-8 <input type="checkbox"/> 9-12/Adult <input type="checkbox"/> Other _____		<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	<input type="checkbox"/> 0.5 <input type="checkbox"/> 1.0 <input type="checkbox"/> Multiple	
<b>RECOMMENDED CERTIFICATION(S):</b>				

<b>COURSE DESCRIPTION:</b>	(Please attach a course description for the recommended course that identifies the Major Concepts/Content, Special Notes, and the Course Requirements aligned with the appropriate state standards.)  See example at: <a href="http://www.cpalms.org/Courses/PublicPreviewCourse1723.aspx">http://www.cpalms.org/Courses/PublicPreviewCourse1723.aspx</a>
<b>SCHOOL BOARD APPROVAL:</b>	(Please attach documentation of your School Board approval of this recommended course.)
<b>PLEASE DESCRIBE THE NEED FOR THE NEW COURSE, INCLUDING THE REASON WHY AN EXISTING COURSE WILL NOT SERVE THE NEED. Requests could be supported with data indicating the need for the course. Other considerations should include existing courses that might duplicate content or credits.</b>	

By signing, requestor is acknowledging that the information provided as a part of this *Request to Add a New Course* is true and accurate.

\_\_\_\_\_  
Signature of Superintendent or Designee

\_\_\_\_\_  
Date