



Spokane Public Schools  
excellence for everyone

# Spokane Public Schools'

## COURSE CHANGE REQUEST FORM

**Form Requested By (Name, Title):** \_\_\_\_\_

**Course Name:** \_\_\_\_\_ **Course # (if existing):** \_\_\_\_\_

**Please fill out each of the following entries. If not applicable to the course, enter N/A. All boxes must be completed for consideration.**

**Please check one of the following boxes as it relates to the course:**

New                       Existing                       Graduation Requirement Credit: \_\_\_\_\_

**Select level:**                       Middle                       High

Grades Offered: \_\_\_\_\_

Is this an SVL Course? \_\_\_\_\_                      Is this a Skills Center Course? \_\_\_\_\_

Prerequisites: \_\_\_\_\_

Concentration Focus: \_\_\_\_\_                      Duration (1 or 2 sem.) \_\_\_\_\_

Does it meet the College Entrance Requirement (CADR): \_\_\_\_\_

Schools the course is offered at: \_\_\_\_\_

**Course Code Description** (Note: This is how it will appear in the district course catalog):

**Applicable Only to New Course(s):**

Credit Hours (0.5 or 1.0): \_\_\_\_\_                      CIP Code (CTE ONLY): \_\_\_\_\_

Vocational: \_\_\_\_\_                      AP Course: \_\_\_\_\_

**Approval Required:**

Form Approved By (Director or Coordinator signature): \_\_\_\_\_

Form Approved By (print name): \_\_\_\_\_

**For Internal Use Only**

Contacted Tech Services

Date Posted to Course Catalog: \_\_\_\_\_

Date Posted to Course Code List: \_\_\_\_\_