



Spokane Public Schools
excellence for everyone

New
 Existing Number: _____

COURSE CODE REQUEST FORM

Form Requested By (Name, Title): _____ Date: _____

Course Name: _____

Please fill out each of the following entries. Please check one of the following boxes as it relates to the course:

Graduation Requirement Credit: _____ Equivalency: _____

Select Level: _____ Department: _____

7 8 9 10 11 12

SVL Course Skills Center Course CTE

Prerequisites: _____

Duration (1 or 2 sem.): _____

Does it meet the College Entrance Requirement (CADR): Yes No

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): _____ AP Course: _____ Subject: _____

Vocational: _____ CIP Code (CTE Only): _____

Approval Required:

Form Approved By (Director or Content Area Lead signature): _____

Form Approved By (print name): _____

For Internal Use Only

Contacted Tech Services State Course Number: _____ Content: _____

Date Posted to Course Code List: _____ Course Number: _____

Date Posted to Course Code Catalog: _____