



**FAYETTEVILLE
PUBLIC SCHOOLS**
Since 1871

COURSE CHANGE REQUIRED PAPERWORK

This form must be fully completed by the course proposer and submitted to Dr. Kristina Hudson, by **September 13, 2019**. The proposer must also hold discussions with the building principal and the department chair about this course proposal **no later than September 13, 2019**.

PROPOSER _____

SCHOOL _____

NAME OF PROPOSED COURSE _____

SEMESTER OR FULL YEAR (circle)

DEPARTMENT _____

KIND/AMOUNT OF CREDIT AWARDED _____

OPEN TO STUDENTS IN GRADES 5, 6, 7, 8, 9, 10, 11, 12 (circle one or more)

PRINCIPAL'S SIGNATURE _____

DATE OF DISCUSSION WITH DEPT. CHAIR _____

DEPT. CHAIR'S SIGNATURE _____

Respond fully to the following questions. Use additional space/paper as needed.

1. Describe the proposed change to the course.
2. Why is this proposed change needed?
3. How does this proposed change impact course sequencing within the department?
4. Is there a prerequisite for taking this course? If so, what will the change affect, if anything?
5. How will this proposed change impact student achievement and connect with and support Board and campus goals?
6. What are scheduling implications, if applicable? Include expected student enrollment in year one and number of sections anticipated for the proposed course in first year of implementation.
7. What are staffing implications? Address teacher certification issues.
8. What are financial implications in applicable?
 - Textbooks/Software/Technology
 - Equipment
 - Space
 - Teacher Training



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COURSE APPROVAL REVIEW FORM

The proposer of a course is responsible for completing this form as evidence of review at the levels indicated. This form with dates and outcomes of the reviews noted should be presented at the District Course Approval Committee meeting in late October.

DATE OF REVIEW AT DEPARTMENT LEVEL _____

APPROVED/DISAPPROVED (circle one)

DATE OF REVIEW BY BUILDING LEADERSHIP TEAM _____

APPROVED/DISAPPROVED (circle one)

DATE OF REVIEW BY BUILDING LEADERSHIP TEAM _____

APPROVED/DISAPPROVED (circle one)

DATE OF REVIEW BY DISTRICT SUBJECT AREA COMMITTEE _____

APPROVED/DISAPPROVED (circle one)

DATE OF REVIEW BY CURRICULUM COORDINATING COUNCIL _____

APPROVED/DISAPPROVED (circle one)

DATE OF REVIEW BY EXECUTIVE CABINET _____

APPROVED/DISAPPROVED (circle one)