

SUPERINENDENT'S REGULATION 6-2.5

NEW COURSE OFFERING

**POQUOSON CITY PUBLIC SCHOOLS
REQUEST FOR NEW COURSE APPROVAL**

School _____

Address _____

Principal _____

Date of request _____

Date to become effective _____

Status of course (check all that apply)

(a) _____ new course

(h) _____ non-credit course

(b) _____ required

(i) _____ beginning date
_____ ending date

(c) _____ elective

(d) _____ regular term course

(j) number of additional staff
required to teach this course or
courses formerly taught by the
instructor for this course

(e) _____ summer school course

(f) _____ number hours of instruction

(k) _____ course(s) to be
dropped/deleted due to addition
of this course. List course(s) by
name and number:

(g) _____ course to carry credit
If so, how much:

Weighted credit? Yes _____ No _____

Grade levels at which the course is to be offered _____

Course title _____

Subject area _____

If course is designed to meet needs of special group of students, give brief description of the group and how needs will be addressed.

Text to be used for course

(a) _____ state basal text: name _____

publisher _____

(b) _____ non-basal text: name _____

publisher _____

(c) _____ other materials (list names, publishers, and addresses)

List required qualifications of instructor for course.

State the rationale for offering the course (and its replacement of other courses, if applicable).

Outline course content including aims, objectives, areas of content, student interest, schedule, and skill development.

Date

Principal