

New Course

ISSAQUAH SCHOOL DISTRICT

Change Course Title

Drop Course

Issaquah HS Liberty HS **Skyline HS** Echo Glen **Course Information** School Year: Request Date: Person Submitting Request: _____ Principal: _____ Course Title: **Course Catalog Description:** Credit: _____ Grade(s) eligible to take the course: ___ Course Type: Regular Special Ed Online CTE Skill Center Subject Code: Department Code:_____ Core Academic Subject: Required: Elective: **Grade Course: Keep Attendance: Course Designators** Running Start **CADR** Core Course Tech Prep Articulated Tech Prep Direct Transcript Available College in the HS National Comp test **Honors Option** Online Course Quantitative Science Lab Local Comp Test AP or IB Advanced Placement Code: __ **Graduation Requirements** This course meets primary Graduation Requirements in the following areas (in addition to being a Gen. Elective): English 9 English 10 English 11 English 12 Science Lab Sci Elective World History **US History** Civics SST Elective (LHS) Health Physical Ed. World Lang Fine Arts CTE Education Math 1 Math 2 Alg 2 (3rd Yr) This course also meets equivalency for the following Graduation Requirement(s): English 9 English 10 English 11 English 12 Science Lab Sci Elective **US** History World History Civics SST Elective (LHS) Health Physical Ed. World Lang Math 1 Math 2 Fine Arts CTE Education Alg 2 (3rd Yr) Grade(s) eligible for equivalency: Comments: To be completed by the District: COURSE CODE: _____ State Course Code: _____ _____ Course Content Area: _____ CIP code: _____ CTE Equivalency. ID: _____ CTE Equivalency: _____ Endorsements _____ Executive Director: _____ Date: ___ Asst. Director of Counseling: _____ Date: _____