

ISD Middle School Course Request

New Course

Change Course Title

Drop Course

Issaquah MS

Maywood MS

Pine Lake MS

Beaver Lake MS

Pacific Cascade MS

Cougar Mountain MS

Course Information

*Request Date: _____

*School Year: _____

*Person Submitting Request: _____

*Course Title: _____

*Course Catalog Description:

*A.B.C Yearlong/Trimester: _____

*Credit: _____

*Grade(s) eligible to take the course: _____

*Course Type: Regular

CTE

Special Ed

Online

Department Code: _____

Subject Code: _____

*(Select all that apply)

Core Academic Subject:

Required:

Elective:

*Grade Course:

*Keep Attendance:

To be completed by the District:

COURSE CODE: _____

State Course Information

State Course Code: _____

Course Content Area: _____

CIP code: _____

Course Level: _____ Course Sequence: _____

Comments:

Building Principal _____ Date: _____

Executive Director of Middle School _____ Date: _____

TLS Dept _____ Date: _____