

Victor Valley Union High School District
REQUEST FOR NEW COURSE ADOPTION

GENERAL INFORMATION			
Submitted by:			
School Site:			
Date Submitted:			
E-mail:			
COURSE INFORMATION			
Course Title:			
Department offering Course:		Intended Grade Level:	
<input type="checkbox"/> Academic Course <input type="checkbox"/> Non Academic Course <input type="checkbox"/> Honors Course		College Prep: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Meets Graduation Requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No		Course Length: <input type="checkbox"/> Year <input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
UC/CSU: <input type="checkbox"/> History/Soc Science <input type="checkbox"/> English <input type="checkbox"/> Mathematics <input type="checkbox"/> Lab Science <input type="checkbox"/> Checking <input type="checkbox"/> Foreign Language <input type="checkbox"/> Visual and Perf Arts <input type="checkbox"/> Elective			
Prerequisite(s):		Estimated Starting Date:	
Course Description: <i>Please briefly describe the course.</i>			
SIGNATURES FROM REPESENTIVES BELOW ARE REQUIRED			
Department Chair Name	Signature	Date	
Principal Name	Signature	Date	
IAB Representative Name	Signature	Date	
Coordinator, Ed Services	Signature	Date	
Director, Ed Services	Signature	Date	
BOARD APPROVAL			
Board Approval:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Tech Ed Section	Course Number:	Date Complete:	

Request For New Course Adoption – Continued *(If more space is required please use a separate sheet of paper)*

STUDENTS WILL GAIN THE FOLLOWING

Knowledge Acquisition:	
Learning and or Social Skills Acquired:	
Measurable Goals: (Minimum of 5)	
Explain how this course follows the State Framework:	
Explain how this course meets State Academic Standards and/or Policies:	

COST OF COURSE

Startup Cost:	
Text name and Cost:	
Equipment Needed:	
Continuing Cost	
Yearly Student Cost:	

ASSESSMENT

Assessment:	
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