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Course Code Request Form
INSTRUCTION SHEET

Requestors:

1. Please download the Course Code Request Form as a ‘Word doc’ to activate the fillable areas and drop-down options.
2. Complete the designated areas as indicated on the Form.
For example: District Requestor Only, MDE Requestor Only.
3. Save your completed Course Code Request Form as a Word doc.
4. Submit (as an attachment) for processing via email to MScoursecodes@mdek12.org with the subject line: CC Request Form SY25-26.
**Note: No scanned or faxed forms will be accepted**.
5. Requests for SY 2025-2026 are due by October 1, 2024.

 Note: Any request for the current school year (2024-2025) will require

 escalation: therefore, please submit ASAP and note this in the subject line (i.e.,

 CC Request Form SY24-25).

****Course Code Request Form

Please send completed to: MScoursecode@mdek12.org

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| **SUBMISSION FROM DISTRICT (Completed by District Requestor ONLY)** |
| District/School Name:       | District Code:       |
| Requestor Name:       | Email:       | Phone:       |
| Date Submitted:       | Change for School Year:       |

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| **SUBMISSION FROM MDE (Completed by MDE Requestor ONLY)** |
| MDE Program Office:       |
| Requestor Name:       | Email:       | Phone:       |
| Date Submitted:       | Change for School Year:       |

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| **COURSE CODE INFORMATION (Completed by District or MDE Requestor)** |
| [ ]  Add New Code | [ ]  Deactivate Existing Code | [ ]  Modify Existing Code |
| Course Code #:      (Skip if New Course Code) | Course Title:       |
| Course Memo/Description, including prerequisites:       |
| Standards Document Year:        | Course Align with MS CCR Standards? [ ] Yes [ ] No  |
| End Of Course Assessment Requirement? [x] Yes [ ] No If yes, please select test: Choose an item. |
| GRADE(S)(select those that apply)[ ]  ALL [ ]  IT (0-2yrs) [ ]  PreK (3-4yrs) [ ]  K (5yrs) [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 [ ]  11 [ ]  12 [ ]  AE (Adult Education)  |
| [ ] arnegie Units: [ ]  0 [ ]  .25 [ ]  .5 [ ]  1 [ ]  1.5 [ ]  2 [ ]  2.5  |
| Advanced Placement Course: Choose an item. | Course Level Characteristics: Choose an item. |

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| **For CTE Courses ONLY (Completed by District or MDE Requestor)** |
| Year Indicator: [ ]  Not applied [ ]  First year [ ]  Second Year |
| CTE CIP Code: Choose an item. | CTE Budget Code:        |
| Work-based Learning Opportunity Type Choose an item. | CTE Career Cluster: Choose an item. |
| Course Certification Description        |

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| **REQUEST RATIONALE: (Completed by District or MDE Requestor)** |
| Please provide justification for offering this course(s) including curriculum. (Attach extra sheets if the field is not large enough for your rationale.)      |

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| **MDE Office Use Only**  |
| Course Department Name:Choose an item. | MAEP Selectable: [ ]  Yes [ ]  No |
| Core Subject: [ ]  Yes [ ]  No |
| Course Begin Date:      Course End Date:      (If a Deactivating Code) | Minimum minutes taught per class:        Recommended Class Load:       |
| Certificate Required: [ ]  Yes [ ]  No | Specific Endorsements:       |
| Funding Codes: | [ ]  No Specific Funds (0) [ ]  Title I (1) [ ]  CTE (2) [ ]  Title III (3) [ ]  Title II (4) [ ]  SPED (5) [ ]  Gifted (6) [ ]  Title IV (7) [ ]  ESSER (8) [ ]  Other (9) [ ]  MAEP Selectable (99)  |
| SCED Course Level: [ ]  Basic / remedial / intervention [ ]  Enriched / Advanced [ ]  General / Regular [ ]  Honors [ ]  College [ ]  No specified rigor level  |
| SCED Course Subject Area: Choose an item. | SCED Grade Span:      SCED Sequence of Course:       | SCED Course Code:      (Optional) |

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| **MDE Office Use Only****Please do not digitally sign (this will lock document); only insert signature image** |
| **CONTENT SPECIALIST**Division:       | Date       | Approvedwith edits [ ]  | Approved [ ]   | Denied [ ]   |
| Denial Reason/ Edits Required:       |
| Signature  |
| **ELEMENTARY EDUCATION** | Date       | Approvedwith edits [ ]  |  Approved [ ]   | Denied [ ]  |
| Denial Reason/ Edits Required:       |
| Signature  |
| **SECONDARY EDUCATION** | Date       | Approvedwith edits [ ]  |  Approved [ ]   | Denied [ ]  |
| Denial Reason/ Edits Required:       |
| Signature  |
| **ACCREDITATION** | Date       | Approvedwith edits [ ]  |  Approved [ ]  | Denied [ ]  |
| Denial Reason/ Edits Required:       |
| Signature  |
| **LICENSURE** | Date       | Approvedwith edits [ ]  |  Approved [ ]   | Denied [ ]  |
| Denial Reason/ Edits Required:       |
| Signature  |
| **CHIEF ACADEMIC OFFICER**\**only if requesting current SY* | Date       | Approvedwith edits [ ]  |  Approved [ ]  | Denied [ ]  |
| Denial Reason/ Edits Required:       |
| Signature  |
| OTSS ONLY | Entered by (Name):       | Date:       |