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Description automatically generated**

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](mailto: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](mailto: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? 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 | | Approved  with edits | | Approved | | Denied |
| Denial Reason/ Edits Required: | | | | | | | | |
| Signature | | | | | | | | |
| **ELEMENTARY EDUCATION** | | Date | | Approved  with edits | | Approved | | Denied |
| Denial Reason/ Edits Required: | | | | | | | | |
| Signature | | | | | | | | |
| **SECONDARY EDUCATION** | | Date | | Approved  with edits | | Approved | | Denied |
| Denial Reason/ Edits Required: | | | | | | | | |
| Signature | | | | | | | | |
| **ACCREDITATION** | | | Date | | Approved  with edits | Approved | | Denied |
| Denial Reason/ Edits Required: | | | | | | | | |
| Signature | | | | | | | | |
| **LICENSURE** | | | Date | | Approved  with edits | Approved | | Denied |
| Denial Reason/ Edits Required: | | | | | | | | |
| Signature | | | | | | | | |
| **CHIEF ACADEMIC OFFICER** \**only if requesting current SY* | | | Date | | Approved  with edits | Approved | | Denied |
| Denial Reason/ Edits Required: | | | | | | | | |
| Signature | | | | | | | | |
| OTSS ONLY | Entered by (Name): | | | | | | Date: | |