



Clint Independent School District Proposal: Addition or Deletion of a Course

Failure to completely fill out this form will result in delays in approval.

School Year: _____ **Check the appropriate box:** Add Drop

Campus Name: _____ **Course Name:** _____

Course Description:

Rationale for Adding or Deleting Course (Attach Pertinent State Documents Justifying Either):

Teacher Information

Teacher Name: _____ **Program Certification:** _____

Course Information

Grade Level(s): _____ **PEIMS Service ID:** _____ **Local Course ID:** _____

Check 1: Year Course Semester Course **Transcript Subject Area:** _____

HS Credit Earned: _____ **CTE Contact Hr:** _____ **Dual Credit College Hrs:** _____

Population Srvd: Regular BIL/ESL Special Ed CTE GT Remedial

Program Type: 3=Regular Elective AP Pre-AP Dual Credit

Include : **GPA:** Y N **Honor Roll:** Y N **Graded Course:** Y N

On-Line Course? Yes No **Co-Requisite to Course ID:** _____

Endorsement: Multi STEM Public Service Arts & Humanities Business & Industry

Signatures and Dates in the order listed:

Principal or Designee:	Date:
Director of Adv. Academics:	Date:
Director of Counseling:	Date:
CTE Coordinator:	Date:
Assistant Superintendent C&I:	Date:
Director of PEIMS Accounting:	Date: