



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: _____

Textbook Information

Textbook to be used: _____

On the State Adopted List? Yes No

If no, how do you propose to obtain tests?: _____

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 If linked, to which course: _____

Signatures and Dates in the order listed:

Principal or Designee:	Date:
Assistant Superintendent C&I:	Date:
Adv. Academics Coordinator:	Date:
CTE Coordinator:	Date:
District PEIMS Coordinator:	Date: