

PWSSD RECOMMENDED CHANGES IN COURSE OFFERINGS FORM

Course name:		
Proposal developer(s):	Please check one: <input type="checkbox"/> Course addition <input type="checkbox"/> Course drop <input type="checkbox"/> Course modification <input type="checkbox"/> Length of class change	Do we have staff qualified to teach this course? <input type="checkbox"/> Yes <input type="checkbox"/> No Certification(s) required:
Department:		
Change effective as of (date):		
Description of course content/changes:		
Rationale for addition/change:		
Financial implications (texts, resources, equipment, etc.):		
What other course(s) is this proposal likely to affect?		
What affects are anticipated?		

Submitted by: _____
Building Principal Signature
Date

Signatures of Approval:

1. _____
 _____ Date of Approval
 _____ Not Approved

3. _____
 _____ Date of Approval
 _____ Not Approved

2. _____
 _____ Date of Approval
 _____ Not Approved