

Jordan School District  
**Secondary Course Request Application**

**To be completed by the school**

Date	School Year Requested	Grade Level (s)

School	Department	Teacher

Course Title	Principal Signature

**Course Description:** Please provide a summary description after completing your responses to items 1-5 on the following page.

**To be completed by the district**

District Curriculum Department Review (required for all courses)  \_\_\_\_\_  
Curriculum Representative Signature

Secondary Course Committee Recommendation

Course **is** recommended for addition to the curriculum  \_\_\_\_\_  
Committee Representative Signature Date

Course Number	State Code	CIP Code (CTE only)	17 (max) Character Title	Credit Hours

Course **is not** recommended for addition to the curriculum  \_\_\_\_\_  
Committee Representative Signature Date

