



FPSC COURSE APPROVAL

REQUEST FORM

Submit this form to your sponsor teacher for review along with a copy of material for review.

Student	School Year		
Course / Subject	Semester	1 st	2 nd
Instructor	Grade		
Sponsor	Date Submitted		

DESCRIPTION:

RESOURCES:

STANDARDS:

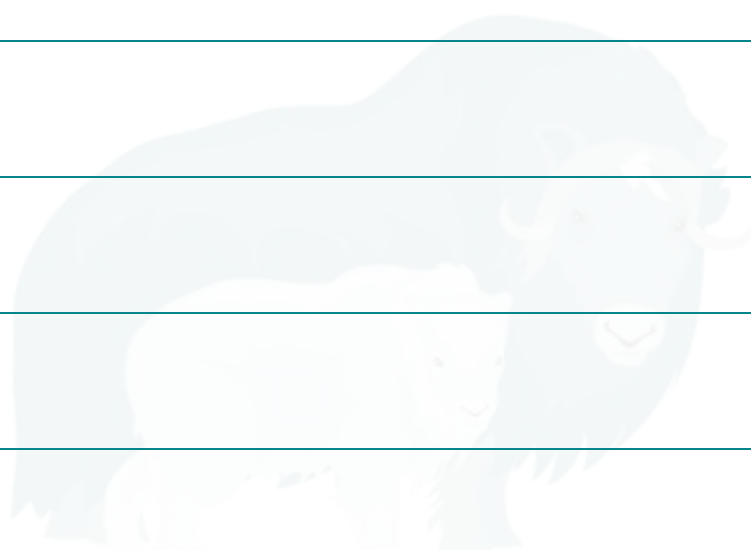


FPSC COURSE APPROVAL

REQUEST FORM

SCHEDULE OF ACTIVITIES/INSTRUCTIONAL OUTCOMES

Week	01	
Week	02	
Week	03	
Week	04	
Week	05	
Week	06	
Week	07	
Week	08	
Week	09	
Week	10	





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SCHEDULE OF ACTIVITIES/INSTRUCTIONAL OUTCOMES

Week	11	
Week	12	
Week	13	
Week	14	
Week	15	
Week	16	
Week	17	
Week	18	

I have reviewed the requested course description and verify that it meets the requirements of state correspondence statutes.

Certified Teacher:

Date: