Please submit one signed, hard copy of all forms and attachments, as well email as the electronic version, to: Trinity Colson, Course Code Directory Manager Office of Articulation Florida Department of Education 325 West Gaines Street, Suite 1401 Tallahassee, Florida 32399-0400 Phone: (850) 245-9543 Email: trinity.colson@fldoe.org						Code [to Add a N		v	
DATE:			SCHOOL DISTRICT:						
CONTACT NAME/TITLE:					CO	NTACT PHO	NE:		
CONTACT MAILING ADDRESS:						NTACT EMAII			
COURSE TITLE:			SUBJECT ARE			A: SUBJECT AREA CATEGO		REA CATEGORY:	
GRADE LEVEL:	COURSE LE	CREDIT:			WILL MEET HIGH SCHOOL SUBJECT AREA GRADUATION REQUIREMENT FOR:				
□ Middle/Junior 6-8 □ 9-12/Adult	□ Level 1			0.5					
□ Other	□ Level 2			1.0					
	□ Level 3			Multip	le				
RECOMMENDED CERTIFICATION(S):									

Form CCD01 Rule 6A-1.09441 Effective October 2013

COURSE DESCRIPTION:	(Please attach a course description for the recommended course that identifies the Major Concepts/Content, Special Notes, and the Course Requirements aligned with the appropriate state standards.)				
	See example at: http://www.cpalms.org/Courses/PublicPreviewCourse1723.aspx				
SCHOOL BOARD APPROVAL:	(Please attach documentation of your School Board approval of this recommended course.)				
PLEASE DESCRIBE THE NEED FOR THE NEW COURSE, INCLUDING THE REASON WHY AN EXISTING COURSE WILL NOT SERVE THE NEED. Requests could be supported with data indicating the need for the course. Other considerations should include existing courses that might duplicate content or credits.					

Signature of Superintendent or Designee

Date