

Return original copy to:
 Nebraska Department of Education
 Accreditation & School Improvement
 P.O. Box 94987
 Lincoln, NE 68509-4987

NDE 08-023
 (Revised 7/14)
 Date Due: February 28
(Enclose with NDE 02-015)

BIENNIAL COURSES COUNTED FOR ACCREDITATION

Please submit this form for biennial courses used in meeting 92 NAC 10-004.04A. Refer to Rule 10, Regulation 004.04C4 for conditions under which such courses may be used.

Co-Dist:	Name of School System:	Address:	City:	Zip Code:
Signature of Head Administrator:		Date:		

2017-18 SCHOOL YEAR				2018-19 SCHOOL YEAR	
Course Name:		Course Code:	Meets Regulation 004.04B ____	Course Name:	
Semester Code:	Min. Per Session:	No. Session Per Year:	Grade Level(s):	Course Code:	
Teacher's Name:			Number of Students:	Teacher's Name:	
NDE Staff ID:			Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Students:	
Course Name:		Course Code:	Meets Regulation 004.04B ____	Course Name:	
Semester Code:	Min. Per Session:	No. Session Per Year:	Grade Level(s):	Course Code:	
Teacher's Name:			Number of Students:	Teacher's Name:	
NDE Staff ID:			Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Students:	
Course Name:		Course Code:	Meets Regulation 004.04B ____	Course Name:	
Semester Code:	Min. Per Session:	No. Session Per Year:	Grade Level(s):	Course Code:	
Teacher's Name:			Number of Students:	Teacher's Name:	
NDE Staff ID:			Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Students:	
Course Name:		Course Code:	Meets Regulation 004.04B ____	Course Name:	
Semester Code:	Min. Per Session:	No. Session Per Year:	Grade Level(s):	Course Code:	
Teacher's Name:			Number of Students:	Teacher's Name:	
NDE Staff ID:			Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Students:	