

Return original copy to:
 Nebraska Department of Education
 Office of Accountability, Accreditation, and Program Approval
 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:				
2018-19 SCHOOL YEAR					2019-20 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:		
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:		