

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:								
2020-21 SCHOOL YEAR						2021-22 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:						