

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: _____					