

PERSONNEL

03.112 AP.21

~~—CERTIFIED PERSONNEL—~~**Application for Elective Certification Determination**

The school council or, if the school has no council, the teaching staff shall complete and submit this application to the Principal, who shall submit it to the Superintendent for Board approval. Applications are due by June 1 for a first semester course and by October 1 for a second semester course.

~~*For SBDM schools: Please attach a copy of the council minutes of the meeting at which this application was approved. For all schools: Provide information to thoroughly address each section. Attach and label separate sheets as needed.*~~

COURSE TITLE AND DESCRIPTION: _____

IF THIS IS AN INTERDISCIPLINARY COURSE, LIST THE CONTENT AREAS: _____

LIST THE CORE CONTENT THAT THE COURSE WILL EMPHASIZE: _____

WHEN WILL THIS COURSE BE TAUGHT? Check the appropriate box and enter the year.

☐ Fall Semester, _____ ☐ Spring Semester, _____ ☐ Both Semesters, _____

WHAT CERTIFICATION REQUIREMENTS ARE PROPOSED FOR TEACHERS OF THIS ELECTIVE? _____

DOES THE PROPOSED CERTIFICATION ALIGN WITH THE BASIC STRUCTURE OF THE ELECTIVE COURSE?

_____ ☐ Yes _____ ☐ No

Describe how: _____

HOW MANY CREDITS WILL THIS COURSE GENERATE? _____

Principal's Signature

School

*Date of SBDM Approval
(If applicable)*

Superintendent's Signature

Date of Board Approval