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)
FAX: (402) 471-8127

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:**

2016-17 SCHOOL YEAR				2017-18 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 ☐ No ☐	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 ☐ No ☐	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 ☐ No ☐	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 ☐ No ☐	Number of Students:

Return original form to NDE Retain copy in School Files Nonpublic Schools forward copy to Area or Diocesan Superintendent