

Return original copy to:  
 Nebraska Department of Education  
 Accreditation & School Improvement  
 P.O. Box 94987  
 Lincoln, NE 68509-4987

NDE 08-023  
 (Revised 1/04)  
 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:
<b>Signature of Head Administrator:</b>		<b>Date:</b>		

2009-10 SCHOOL YEAR				2010-11 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:	
Social Security Number:			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:	
Social Security Number:			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:	
Social Security Number:			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:	
Social Security Number:			Endorsed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Students:	