

**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:								
<b>2021-22 SCHOOL YEAR</b>						<b>2022-23 SCHOOL YEAR</b>								
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:					