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 Syste			ı:			Address:	City:	Zip Code:
Signature of Head Administrator: Date:								
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	2	SCHOOL YEAR	IOOL YEAR			2023-24 SCHOOL YEAR		
Course Name:			Course Code:	Meets Regulatio	Meets Regulation 004.04B			
				004.04				
Semester Code:	Min. Per Session:	No. Ses	sion Per Year:	Grade Level(s):		Course Code:		
Teacher's Name:					Number of Students:		ne:	
NDE Staff ID:					Endorsed:		idents:	
					No			
Course Name: Course Code:					n	Course Name:		
			Course coue.		Meets Regulation 004.04B			
			sion Per Year:	Grade Level(s):				
Semester Code:	IVIIII. Per Session.	No. ses	Sion Per Tear.	Grade Level(s).		Course Code:		
Teacher's Name:					Number of Students: Teacher's Name:			
NDE Staff ID:					Endorsed: Number of Students:			
				Yes	No			
Course Name: Course C			Course Code:	Meets Regulatio	Meets Regulation 004.04B			
				004.04				
Semester Code:	Min. Per Session:	No. Ses	I sion Per Year:	Grade Level(s):		Course Code:		
Teacher's Name:					Number of Students: Teacher's Name:			
NDE Staff ID:						Number of Stu	idents:	
					Yes No			
Course Name:			Course Code:	Meets Regulatio	Meets Regulation			
				004.04	3			
Semester Code:	Min. Per Session:	No. Ses	sion Per Year:	Grade Level(s):		Course Code:		
Teacher's Name:					Number of Students:		ne:	
NDE Staff ID:						Number of Stu	ıdents:	
					ndorsed: Number of Students:			
				163	」 '''			

NDE 08-023

Date Due: February 28