

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.

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|----------------------------------|--|-------------------|------------------------|-----------------------|--|---|--|---------------------|-------|--|--|-----------|--|--|
| Co-Dist: | | | Name of School System: | | | Address: | | | City: | | | Zip Code: | | |
| Signature of Head Administrator: | | | | | | Date: | | | | | | | | |
| 2022-23 SCHOOL YEAR | | | | | | 2023-24 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 <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: | | | | | | |