## **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:									
	2	SCHOOL YEAR	HOOL YEAR			2024-25 SCHOOL YEAR			
Course Name:			Course Code:	Meets Regulati	on	Course Name:			
				004.0	4B				
Semester Code:	Min. Per Session:	No. Ses	sion Per Year:	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 Code:		Meets Regulation  004.04B				
				004.0					
Semester Code:	Min. Per Session:	No. Ses	sion Per Year:	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:		Meets Regulati	on	Course Name:					
					004.04B				
Semester Code:	Min. Per Session:	No Ses	sion Per Year:	Grade Level(s):		Course Code:			
Semester code:	Thin i cr session.	110.505	56 6. 766	Grade zever(s).		course coue.			
Tassharis Nama					Number of Students: Teacher's Name:				
Teacher's Name:					Number of Students: Teacher's Name:				
NDE Staff ID:					Endorsed: Number of Students:				
				Yes	No				
Course Name:			Course Code:	Meets Regulati	Meets Regulation				
				004.0	4B				
Semester Code:	Min. Per Session:	No. Ses	sion Per Year:	Grade Level(s):		Course Code:			
Teacher's Name:					Number of Students: Teacher's Name:				
NDE Staff ID:					Endorsed: Number of Students:				
					Yes No No				
I						ll .			

NDE 08-023

Date Due: February 28