

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: _____											
2023-24 SCHOOL YEAR												2024-25 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: _____					