

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:			
2025-26 SCHOOL YEAR						2026-27 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:	