

BIENNIAL COURSES COUNTED FOR ACCREDITATION

Please submit this form for biennial courses used to meet 92 NAC 10-004.04A.
Refer to Rule 10, Regulation 004.04C4 for conditions under which such courses may be used.

Co-Dist: _____	Address: _____
Name of School System: _____	City: _____ Zip Code: _____
Signature of Head Administrator: _____ Date: _____	

2026-27 SCHOOL YEAR				2027-28 SCHOOL YEAR	
Course Name:		Course Code:		Meets Regulation 004.04B ____	
Semester Code:	Min. Per Session:	No. Sessions Per Year:		Grade Level(s):	Course Name:
Teacher's Name:				Number of Students:	Teacher's Name:
NDE Staff ID:				Endorsed: Yes ☐ No ☐	Number of Students:
Course Name:		Course Code:		Meets Regulation 004.04B ____	
Semester Code:	Min. Per Session:	No. Sessions Per Year:		Grade Level(s):	Course Code:
Teacher's Name:				Number of Students:	Teacher's Name:
NDE Staff ID:				Endorsed: Yes ☐ No ☐	Number of Students:
Course Name:		Course Code:		Meets Regulation 004.04B ____	
Semester Code:	Min. Per Session:	No. Sessions Per Year:		Grade Level(s):	Course Code:
Teacher's Name:				Number of Students:	Teacher's Name:
NDE Staff ID:				Endorsed: Yes ☐ No ☐	Number of Students:
Course Name:		Course Code:		Meets Regulation 004.04B ____	
Semester Code:	Min. Per Session:	No. Sessions Per Year:		Grade Level(s):	Course Code:
Teacher's Name:				Number of Students:	Teacher's Name:
NDE Staff ID:				Endorsed: Yes ☐ No ☐	Number of Students: