

RENEWAL APPLICATION FOR LOCALLY DESIGNED SUBJECT AREA COURSE FOR HIGH SCHOOL CREDIT

This renewal application, if approved, will be approved for one year. Applicants will have to renew their application for the locally designed subject area course each year prior to implementation.

Date Submitted	
District	
Application Prepared and Submitted by	
Name	
Position	
Mailing Address	
Phone Number, including area code	
E-mail address	
Locally Designed Subject Area Course Information	
Name of Locally Developed Subject Area Course for high School Credit	
Subject Area	
Length of Course	<input type="checkbox"/> Semester <input type="checkbox"/> Year
Grade Level(s)	
Course Beginning Date	
Course Ending Date	
Course Credit to be Awarded	<input type="checkbox"/> one unit <input type="checkbox"/> one-half unit
School(s) Where Course Will Be Implemented	
Does this course have the approval of the local board of trustees?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Teacher of the Locally Designed Subject Area Course	
Teacher's Name	
South Carolina Teaching Credential Number	
List all area(s) of certification/endorsement that appear on the SC Teaching Credential.	
List any specific experience(s) or training(s) the teacher may have in this area of study.	

Please answer the following questions (Additional documentation may be attached

as necessary):

1. Are there any changes to the locally designed course for high school credit description included in the initial application?

No, there are no changes.

Yes, there are changes. Changes are described below:

2. Explain how the needs assessment conducted at the local level substantiates the continued need for implementation of the locally designed course for high school credit.

3. Are there any changes in the criteria used for selecting students for the course as described in the initial application for approval? If so, please describe these changes.

No, there are no changes.

Yes, there are changes. Changes, along with rationales for making these changes, are described below:

4. Are there any changes as described in the initial application in the proposed teaching methodologies to be used in the course? If so, please describe and explain reasons for changes.

No, there are no changes.

Yes, there are changes. Changes, along with rationales for making these changes, are described below:

5. Are there any changes in the previously submitted course syllabus or scope and sequence of the course?

No, there are no changes.

Yes, there are changes. Changes, along with rationales for making these changes, are described below or are attached to this application.

REQUIRED SIGNATURES

I certify that this locally designed subject area course for high school credit will be taught by a highly qualified teacher, that the course is aligned with the state-adopted academic standards, and that the course was approved by local board of trustees for these schools.

_____ **Date** _____
**Signature of the Teacher of the locally designed course
for high school credit**

_____ **Date** _____
**Principal/Director of School where the locally designed
course for high school credit will be offered**

_____ **Date** _____
Superintendent or Designee

FOR SCDE USE ONLY

_____ **Date** _____
Signature of the Subject Area Education Associate

_____ **Date** _____
Signature of the Data Management and Analysis Education Associate

_____ **Date** _____
Signature of State Superintendent