

**Request to Offer Career-Technical Education Courses  
Not in the Standard Course of Study**

**(Complete Items A-G, Documentation/Verification Checklist, and Sign)**

- A. Date form submitted to Regional Coordinator \_\_\_\_\_
- B. Implementation Date \_\_\_\_\_
- C. LEA \_\_\_\_\_
- D. Program Area \_\_\_\_\_
- E. Projected Career Pathway(s) \_\_\_\_\_
- F. Course Name \_\_\_\_\_ Level(s) \_\_\_\_\_
- G. School(s) where course(s) will be offered \_\_\_\_\_

<b>Documentation/Verification Checklist (Completed by CTE Administrator)</b>
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<b><u>On file in LEA:</u></b>	<b><u>CTE Administrator</u></b>	<b><u>Regional Coordinator</u></b>	<b><u>Section Chief</u></b>
Employment Demand/Trends/Forecasts	_____	_____	
Scope & Sequence/Career Pathway	_____	_____	
Business and Industry Advisory Committee	_____	_____	
Student Interest/Anticipated Enrollment	_____	_____	
Postsecondary Linkages	_____	_____	
Licensed Instructor	_____	_____	
Adequate Facility	_____	_____	
Equipment List	_____	_____	
Supply/Material List	_____	_____	
Budget Plan	_____	_____	
<b><u>Submitted to State Office:*</u></b>			
Blueprint	_____	_____	_____
Content Outline	_____	_____	_____
Post-Assessment	_____	_____	_____

**Signatures:** CTE Administrator \_\_\_\_\_ Date \_\_\_\_\_  
 Regional Coordinator \_\_\_\_\_ Date \_\_\_\_\_

\*Local CTE Administrators are to submit the Blueprint, Content Outline, and Post-assessment documents to the Regional Coordinator who will submit these items to the Section Chief. Approval will follow the reverse route.

<b>STATE OFFICE APPROVAL</b>
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Approval is recommended: Yes \_\_\_ No \_\_\_ If no, Why?

Course # assignment \_\_\_\_\_ Completer Course: Yes \_\_\_ No \_\_\_  
 Career Pathway(s) \_\_\_\_\_  
 Section Chief's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: When the annual application is submitted to career-technical education, an approved signed copy of this form must be sent to the regional coordinator.