



FPCS Non-Traditional Course Approval

REQUEST FORM

Submit this form to your sponsor teacher for review along with a copy of material for review.

Student	School Year		
Course / Subject	Semester	1 st	2 nd
Instructor	Grade		
Sponsor	Date Submitted		

DESCRIPTION:

Blank area for course description.

RESOURCES:

Blank area for resources.

STANDARDS:

Blank area for standards.



FPSC COURSE APPROVAL

REQUEST FORM

SCHEDULE OF ACTIVITIES/INSTRUCTIONAL OUTCOMES

Week **01**

Week **02**

Week **03**

Week **04**

Week **05**

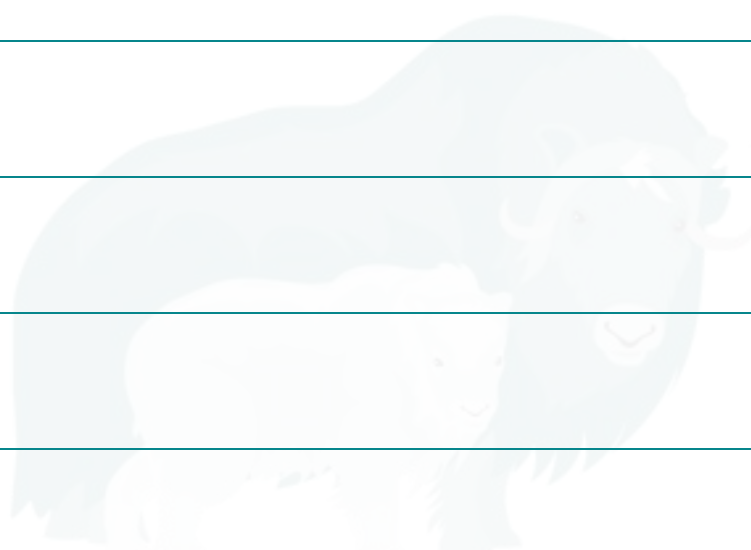
Week **06**

Week **07**

Week **08**

Week **09**

Week **10**





FPSC COURSE APPROVAL

REQUEST FORM

SCHEDULE OF ACTIVITIES/INSTRUCTIONAL OUTCOMES

Week	11	
Week	12	
Week	13	
Week	14	
Week	15	
Week	16	
Week	17	
Week	18	

I have reviewed the requested course description and verify that it meets the requirements of state correspondence statutes.

Certified Teacher:

Date: