**Common Course Numbering System**

**District Request Form**

~ Please fill out the following information and send to Terri.Mehlhaff@state.sd.us

|  |  |
| --- | --- |
| Date of Application: |  |
| School District: |  |
| Person requesting: |  |
| Job Title: |  |
| Preferred Email: |  |
| Preferred phone #: |  |
| Course Title: |  |
| Course Description:(75-word max) |  |
| Subject/content category: |  |
| Standards addressed in the course: |  |
| Additional comments: |  |

Form updated 8-03-22.