



# New Course/Program Approval Form

Print Form

Office of Instruction  
Mat-Su Borough School District  
501 N. Gulkana  
Palmer, AK 99645  
P: (907) 746-9212 || F: (907) 746-9292

This form is for a new course/program that has not previously been taught or successfully piloted in the Mat-Su Borough School District. This course/program fulfills the requirements necessary to be accepted into the Mat-Su Borough School District Program of Studies.

For Office of Instruction use only:  ALL Signatures Received  CC Approved  School Board Approved  Assigned Course Number  Course Added to POS  NCAA/APS Review

Course/Program Title:

Grade Level: Proposed date for implementation:

**PART 1-COURSE/PROGRAM:** Please provide the following information and check the appropriate box.

Length of Course: Quarter Semester Year  
High School Credit: .5 1.0 N/A

MS/HS Department:

HS Pre-requisites:

Course Level: Tier 1 Tier 2 Tier 3 Supplemental

If supplemental course, which course is it supplementing?

Course Number: (Assigned by the Office of Instruction following School Board Approval)

Course/Program Description: (As it should appear in the Program of Studies)

**PART 2-NEEDS ASSESSMENT:** Provide evidence through student interest data, assessment data, research or literature that establishes a need for this course/program (limit of 3,000 characters).

**PART 3-ATTACH COURSE PROGRAM OUTCOMES & SYLLABUS:** Attachments should include the following details:

- list specific learner objectives that have been developed for this course
  - Reference the Alaska State standard where appropriate
  - Reference the Depths of Knowledge level to which the objective corresponds
- identify the sequence and approximate number of hours allocated to each learner objective
- textbooks/resources proposed for this course. (Minimum of one recommended text/resource identified)

**PART 4-TEXTBOOK/RESOURCES:** Please check the appropriate box.

Textbook/resources already available

Textbook/resources purchased by school

**PART 5-COURSE DEVELOPERS:** Provide the signatures from all writers of the course including the originators and two required contributing teachers. (At least 3 schools need to be represented)

Originator Name:

School:

Comments:

Signature:

Contributor 1 Name:

School:

Comments:

Signature:

Contributor 2 Name:

School:

Comments:

Signature:

**PART 6-PEER REVIEW TEAM:** Provide signatures and comments of ALL teachers who have reviewed this course proposal. Must have at least 3 supportive signatures from at least 3 different schools. (Peer review team may NOT include teachers identified in Part 6)

Name:  School:

Comments:

Approve of this course     Do not approve this course

Signature:

Name:  School:

Comments:

Approve of this course     Do not approve this course

Signature:

Name:  School:

Comments:

Approve of this course     Do not approve this course

Signature:

**PART 7-ADMINISTRATOR/PRINCIPAL STATEMENT OF SUPPORT:** Provide the signature of the principal from your school indicating support for this course.

Name:  School:

Comments:

Approve of this course     Do not approve this course.

Signature:

**PART 8-CURRICULUM COUNCIL COORDINATOR/REPRESENTATIVE APPROVAL:** Provide the signature of the curriculum council coordinator/representative indicating support for this course.

Name:

Comments:

Approve of this course     Do not approve of this course

Signature: