

To: Mat Bottoms, Asst. Superintendent of Curriculum & Instruction
Return Form To: Anita Willis-NC WISE Coordinator
Re: New or Transfer Course Number Request
Date Requested: _____

Transfer Course

Course Name: _____

Credits per Semester _____

Department _____ #of Semesters _____

Grade Level: _____

Academic Level: _____

(List all that apply)
(Z=elem, Y=middle, X=high school)

(EC, Remedial, Standard, Honors, AP)

Asst. Superintendent Signature _____ Date: _____

NC WISE Coordinator Signature _____ Date: _____

For NC WISE Coordinator

Number Assigned: _____ Course Type:(HS Only) HN AP

Long Title: _____

Short Title: _____ External Code: _____

Academic Level: _____ Credit Value: _____ Times For Credit: _____

HS Credit: _____ Ranking: _____ Hon. Roll: _____

GPA: _____ Exam: _____ Report Card: _____

Grade Level: _____ Format: _____ Course Length: _____

Max Class Size: _____