

**SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT  
COURSE ADOPTION FORM – **CONCURRENT COURSE****

- **Before completing extensive work on a proposed new course:** The instructor will discuss the course concept with their corresponding **Department, Department Chair** and **Administration** to determine financial and master schedule feasibility of offering the course. ***It is essential that the proposed course is discussed with the department and administration before moving forward with any paperwork.***
- **Cross-Curricular Courses** – Contact Curriculum Dept for additional form. DC's from both Depts will need to discuss course proposal prior to CC presentation.
- The instructor is to contact their Guidance/Counseling Office to fill out required AHC forms.
- Submission to Curriculum Council is for **informational purposes only.**
- If AHC approves the course, the requesting site is to submit an Aeries form for district course numbers.
- Concurrent courses that are already being offered need to be **re-approved by AHC** every school year.

**Name of person initiating process:**

\_\_\_\_\_ Phone/Ext.: \_\_\_\_\_ Site/Dept: \_\_\_\_\_

**\*\*\*FORMS MUST BE SUBMITTED TO THE CURRICULUM DEPT ATLEAST 5 DAYS BEFORE THE NEXT CURRICULUM COUNCIL MEETING\*\*\***

- **Will require signatures from corresponding Dept Chair and Principal from all sites**
- **All efforts should be made to have these courses presented to CC, for informational purposes, prior to Winter Break to meet the Dec Board deadline. Exceptions may be granted by site and district mutual agreement.**

**Full Title of Course:** \_\_\_\_\_

**What is the major purpose for the course being added to the curriculum?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check off list** - Additional forms required:

- AHC Course Description (Including A-G information)
- Aeries form (Submit after AHC approval if it is a new course to the district)

\_\_\_\_\_  
Department Rep - DHS                      Date

\_\_\_\_\_  
Principal - DHS                                      Date

\_\_\_\_\_  
Department Head - ERHS                      Date

\_\_\_\_\_  
Principal/Assistant Principal - ERHS                      Date

\_\_\_\_\_  
Department Head - PVHS                      Date

\_\_\_\_\_  
Principal/Assistant Principal - PVHS                      Date

\_\_\_\_\_  
Department Head - SMHS                      Date

\_\_\_\_\_  
Principal/Assistant Principal - SMHS                      Date

\_\_\_\_\_  
Asst. Supt. of Instruction                      Date

**District Use Only:** Curriculum Council Date: \_\_\_\_\_ AHC Approved/Denied: \_\_\_\_\_

Course # : \_\_\_\_\_ - \_\_\_\_\_