

SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT
COURSE REVISION/TITLE CHANGE

Name of person initiating process:
 _____ Phone/Ext.: _____ Site/Dept: _____

*****FORMS MUST BE SUBMITTED TO THE CURRICULUM DEPT AT LEAST 5 DAYS BEFORE THE NEXT CURRICULUM COUNCIL MEETING*****

➤ **Will require signatures from CORRESPONDING Dept Chairs and Principals from ALL sites**

Current Course Title: _____ **Course Number(s):** _____

<input type="checkbox"/> REVISING EXISTING COURSE: What is the purpose for the revision? 	<input type="checkbox"/> COURSE TITLE CHANGE: <p style="color: red; font-size: small;">(IMPORTANT: A course title change will modify the course name on the transcript of students who already took the course. The new course name will appear instead of the course name it had at the time the course was taken)</p> New Proposed Course Title (24 characters max including spaces): _____ What is the purpose for the course title change?
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Is this course A-G approved? Yes No **If yes, what sites are approved for this course?** DHS PVHS RHS SMHS
If various sites are approved for this A-G course, the requested revision will apply to all sites that are currently approved. The revision will also need to be submitted in the UC portal.

Is this a CTE course? Yes No
 If yes, an updated CTE course outline will need to be submitted. Contact Curriculum Dept for directions.

Check off list - Additional forms if revising course description:

- Course description form (**District** or **A-G template**) with updated course content
- CTE Courses – Updated CTE course outline
- AERIES form (If applicable)

Department Head - DHS	Date	<input type="checkbox"/>	<input type="checkbox"/>	Principal – DHS	Date
Approve	Deny				
Department Head - ERHS	Date	<input type="checkbox"/>	<input type="checkbox"/>	Principal/Assistant Principal - RHS	Date
Approve	Deny				
Department Head - PVHS	Date	<input type="checkbox"/>	<input type="checkbox"/>	Principal/Assistant Principal – PVHS	Date
Approve	Deny				
Department Head - SMHS	Date	<input type="checkbox"/>	<input type="checkbox"/>	Principal/Assistant Principal- SMHS	Date
Approve	Deny				

District Use Only:
 Curriculum Council Review Date: _____
 If applicable: Revision submitted to UCOP: _____ Approved/Denied in UCOP: _____

 Asst. Supt. of Instruction Approval Date