**Caddo Parish Public Schools**

**Information Technology Course Request Form**

**Name:** **Title:**

**School:** **Date:**

**Please add the following course(s) to the Caddo Course Catalog:**

|  |  |  |  |  |  |  |  |  |  |
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| **Course Name** | **Course Grade** | **Credits** | **Honors** | **Periods per day** | **Semesters** | **State Code** | **EOC Course?** | **Group** | **Mark when completed****For IT Use Only** |
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**Routing:** **Academic Director**

 **Information Technology Systems Design Manager**

***Approved:***

[ ]  Academic Director

[ ]  Chief Academic Officer

**REVISED 05/2018 sr**