



# OXNARD SCHOOL DISTRICT

## Course Request Form 2020-2021

Ed Services Approver Signature	Date	HR Approver Signature	Date	ITS Enter to Q SIS Signature	Date

<b>School Site</b>	
<b>Course Title:</b>	
<b>Course Description:</b>	
<b>Standards:</b>	
<b>Assessment:</b>	
<b>Teacher/ Credential:</b>	
<b>Department:</b>	
<b>Grade Level:</b>	
<b>Term Type:</b>	
<b>CALPADS Code Set:</b>	
<b>Pre-Requisite:</b>	
<b>Elective Textbook &amp; Supplemental Book</b> <i>Note: Official Textbook Adoption Form Required for Core Courses</i>	
<b>Other Curriculum:</b>	

Name  Date:

MM                  DD                  YY