



Tazewell Co/Area Education for Employment
CTE COURSE UPDATE
 Fax: 309-353-1350



New Course

Revised Course

Course Title Change ONLY

School: _____

School Year: _____ CTE Area: AG BUS FCS TEE HEALTH

CTE Teacher: _____

Local Course Title: _____

If NEW course, include course description. If REVISED course, explain revision. If COURSE TITLE CHANGE, give old course title.

Number of Credits: _____ Length of Course: Year Semester

 Board of Control Representative Date Submitted

*****OFFICE USE ONLY*****

State Course Code #: _____ (Assigned by the System Director)

 System Director Signature Date

 CTEC System Date