

OFFICE OF LARRY E. REIDER
KERN COUNTY SUPERINTENDENT OF SCHOOLS
COMMUNITY SCHOOL COURSE CONTRACT

STUDENT NAME: _____ INSTRUCTOR: _____

COURSE NUMBER: _____ COURSE TITLE: _____

PROPOSED CREDITS: _____ COURSE COMPLETION: _____

DESCRIPTION OF COURSE ACTIVITIES:

PROPOSED BOOKS / RESOURCES:

COURSE OBJECTIVES:

COURSE ACTIVITIES:

METHOD OF EVALUATION:

ALL COURSE CONTRACT PROPOSALS MUST BE APPROVED BY ADMINISTRATION PRIOR TO IMPLEMENTATION.

APPROVAL: YES NO CONDITIONAL: _____

Authorized Signature: _____