

APPLICATION FOR APPROVAL OF SPECIAL PROGRAM OF STUDY (SPOS)

Email this application of Special Program of Study directly to Donna Tiesler at donna.tiesler@tn.gov by May 23, 2012.

Section A - SYSTEM INFORMATION - This section is to be completed for all requests.

Date of Application _____

School System _____ State System Number _____

Contact Person _____

E-mail _____

Phone Number _____ Fax Number _____

Section B – SPECIAL PROGRAM OF STUDY INFORMATION - This section is to be completed for all requests.

NOTE: The proposed Special Program of Study that differs from the state recommended Program of Study must be part of this application.

1. Proposed Special Program of Study:

Cluster _____

Program Area _____

Title of SPOS _____

School/s _____

Three or more credits in a course sequence are required for a SPOS.

Course (Title and Course Code)	Sequence	Credits
Total Credits		

2. Address if the proposed SPOS provides high wage, high skill, and/or high demand in the *Local Work Force Investment Area*. Information may be found @ http://www.tn.gov/labor-wfd/cc/ccareas_local.htm. Please attach supporting documentation. Current Labor market data shows that there are approximately 3600-4,000 in this specific area with an expected growth of from .8% to 2.0% growth over the next ten years.

3. Does the proposed SPOS provide articulation and/or dual credit opportunities?
Yes _____ No _____

4. Texts and/or supplementary materials to be used if other than state approved materials:

The information on this application is complete and accurate. Assigning the proposed instructor to this SPOS will not preclude having all State Board approved courses taught by appropriately endorsed teachers. This SPOS approval will be valid for three years from date of approval for the school/schools designated.

Attested by CTE Director: _____

ED-5390