



TxVSN Course Review Submittal Form

Please complete the following information for each one semester course you are submitting for review. When the form is filled out in its entirety, click the Submit by Email button at the bottom to send the form to the course review manager.

Date of Submission: _____

Provider Information

Provider District: _____

County District Number (if applicable): _____

Provider District Contact Person

Name: _____ Phone: _____ Email: _____

Course Information

Name of Course: _____

Corresponding PEIMS Course Title: _____

Corresponding PEIMS #: _____ Grade Level: _____ Content Area: _____

Length of Course: Semester Full Year

Enrollment: Semester Continuous (Rolling)

Learning Management System (LMS): _____

Course Content Creator: Provider District
Third Party Vendor (Provide Full Name)

Supplemental Information

Describe supplemental materials outside of what is provided through the LMS: (e.g. workbooks, CDROM)

Technical System Requirements: (e.g. processor, connectivity, plug-ins, peripherals, software)

AP Courses Only

AP Courses must be authorized/approved by The College Board before being reviewed for inclusion in the TxVSN. TxVSN reserves the right to request proof of audit approval.

This course has been approved by The College Board Audit.

All information provided on this form is correct and complete.

By submitting this form, the provider district listed above is agreeing to provide this course if **Approved** or **Approved With Modifications** through the Texas Virtual School Network. A course receiving a rating of **Not Approved Major Modifications** will be revised and resubmitted for a full review.