Nevada Department of Education

Distance Education Course Renewal Request Form

Course Information

Publisher Name: _____

Full Course Title: _____

Original Approval Date (MM/DD/YYYY): _____

Original Expiration Date (MM/DD/YYYY): _____

Verification Statements

☐ I certify that the course listed above has not been altered, updated, or modified in any way since its original approval. All instructional materials, content, and delivery methods remain consistent with the initially approved version.

☐ I acknowledge that the Nevada Department of Education may still conduct a full or partial review of the course. I understand that renewal is not guaranteed and may require submission of additional documentation or may result in denial if the course does not meet current requirements.

Authorized Representative Signature

Signature: _____

Printed Name: _____

Date: _____