

PROGRAM OF ALTERNATIVE CERTIFICATION FOR EDUCATORS (PACE) COURSE APPROVAL REQUEST FORM

SOUTH CAROLINA DEPARTMENT OF EDUCATION
OFFICE OF EDUCATOR SERVICES | ALTERNATIVE LICENSURE
8301 PARKLANE ROAD
COLUMBIA, SOUTH CAROLINA 29223

In order to be eligible for a professional license, participants must successfully complete the three college courses from the list of core courses approved by the South Carolina Department of Education. The list of pre-approved courses can be found on the educator's Moodle account.

PACE Participants: Only use this form if one of the following applies to you:

1. The request is for approval of a course **not** on the state-approved list for PACE, OR
2. The request is for approval of a required course that was completed within three years prior to the issuance of the first alternative route license.

All courses submitted for approval that are not on the pre-approved list must be completed for either three semester hours or five quarter hours of graduate credit at a regionally accredited college or university and for an assigned grade of B or better. No more than one of the courses can be designated as a Professional Development (PD) course. Only the PD course may be completed as pass/fail.

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION. ATTACH COURSE SYLLABI TO THE END OF THIS FORM.

Name (Last, First, Middle, Maiden):		PACE Content Area:			
Social Security Number (last four digits only): XXX-XX-		Employing District:			
	Required Course	Course Code <i>(ie, EDU 123)</i>	Course Title	College Name	Semester & Year <i>(ie, Spring 2010)</i>
Library Media	1	Information Technologies in the School Library Media Program			
	2	Curricular Role of the School Library Media			
	3	Children's Materials <i>or</i> Young Adult Materials			
Sp.Ed. - ED	1	Characteristics of ED			
	2	Methods and Procedures for ED			
	3	Behavior Management			
All other PACE content areas	1	Classroom Management			
	2	Methods in the Content Area			
	3	Educational Psychology <i>or</i> Reading in the Content Area <i>or</i> Exceptional Children <i>or</i> Classroom Assessment			
PACE Participant Signature:					Date:

YOU MUST ATTACH EACH COURSE SYLLABUS TO THE BACK OF THIS FORM. This form and all syllabi may be submitted by email to altlicensure@ed.sc.gov, by mail to the address above, or fax to 803-896-0368 (include "ATTN: PACE" on cover sheets).