# RENEWAL CAREER AND TECHNICAL EDUCATION

# INNOVATIVE COURSE APPLICATION

School districts/Multi-district career centers are required to submit this renewal application information for each innovative course that was approved. The renewal innovative course application will be submitted **annually.** Course/Program data information will be reviewed each year for approval. Based on the results of the annual reviews for five years, the innovative course/program will be considered for state approval. If an innovative course/program becomes state approved, the assigned innovative course/Classification of Instructional Programs (CIP) codes will no longer be valid.

## GUIDELINES FOR RENEWING AN INNOVATIVE CTE COURSE

1. The innovative course renewal application must be completed and submitted to the Office of Career Readiness for approval. The innovative course renewal application is a form fill-in document. **Handwritten applications will not be accepted.**
2. The innovative course renewal application must be submitted **annually.** A renewal application should be completed with information for each year the course is offered.
3. The deadline for submitting an innovative course renewal application is **January 30th** prior to the beginning of the school year in which the innovative course will be taught. For example, an innovative course renewal application must be submitted no later than **Friday, January 30, 2026,** if the innovative course is going to be taught during the **2026-2027** school year.
4. The innovative course renewal application is divided into four sections:

**Part I. Preliminary Information**

**Part II. Innovative Course Report** (a report from the previous year implementation)

**Part III. Innovative Course Renewal Request** (information needed for renewal)

**Part IV. Required Signatures**

1. The innovative course renewal application must be approved **prior** to submitting the LEA’s CTE Local Application if Perkins (federal) funds or Education Improvement Act (state) funds will be budgeted for the innovative course.
2. The person identified as preparing and submitting the renewal application will be notified in writing the status of the innovative course.
3. The innovative course renewal application must contain the signatures of the teacher of the innovative course, the principal/director of the school/career center where the innovative course will be offered, and the district superintendent or designee. If a multi-district career center is submitting an application, signatures must be obtained from the superintendents of ALL districts sending students to the center.
4. The completed, signed application including all data requested should be sent electronically by **Friday,** J**anuary 30, 2026,** to: [mingram@ed.sc.gov](mailto:mingram@ed.sc.gov)

## PART I. PRELIMINARY INFORMATION

### 1. School year innovative course will be offered:

School Year 20      - 20

**(Check appropriate year): 2nd Year**  **3rd Year**  **4th Year**  **5th Year**

### 2. Renewal application contact information:

|  |  |
| --- | --- |
| **Information Requested** | **Contact Information** |
| Name of Person |  |
| Position |  |
| School/Center Name |  |
| Mailing Address |  |
| Area Code and Phone Number |  |
| Email Address |  |
| School District(s) |  |
| School/Career Center Name |  |
| Principal/Director of School/Center Where the Innovative Course Will Be Offered |  |
| Name of Person Preparing and Submitting Application |  |

### 3. If a Career and Technology Center, provide the name of the high school(s) that will send students to the center to participate in the course if changes are made from the initial application.

|  |
| --- |
| No, there are no changes.  Yes, there are changes. If so, please describe the changes. |

## PART II. INNOVATIVE COURSE REPORT

1. Name of Course:

2. Assigned CTE Course Code:     

3. Career Cluster:

### 4. How many classes/sections of the innovative course did you offer during the school year?

|  |  |
| --- | --- |
| **Classes/Sections** | **Comments** |
|  |  |

### 5. Provide enrollment data for each of the following:

#### Gender

|  |  |
| --- | --- |
| **Male** | **Female** |
|  |  |

#### Grade Levels

|  |  |  |  |
| --- | --- | --- | --- |
| **Grade 9** | **Grade 10** | **Grade 11** | **Grade 12** |
|  |  |  |  |

#### Ethnicity

|  |  |  |  |
| --- | --- | --- | --- |
| **Black** | **Hispanic** | **White** | **Other** |
|  |  |  |  |

### 6. Provide the number of students who passed, failed, and/or withdrew from the course below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Passed** | **Failed** | **Withdrew** | **Comments** |
|  |  |  |  |

### 7. If applicable, provide the name of the industry certification and the number of students who successfully completed all requirements and were awarded an industry or national certification.

|  |  |
| --- | --- |
| **Name of Industry Certification** | **Number of students** |
|  |  |

|  |  |
| --- | --- |
| **Name of National Certification** | **Number of Students** |
|  |  |

### 8. If applicable, provide the number of students who were able to exempt postsecondary courses based on a prearranged articulation agreement.

|  |  |  |
| --- | --- | --- |
| **Name of Postsecondary Institution** | **Name(s) and Course Numbers of Postsecondary course(s)** | **Number of students** |
|  |  |  |

## PART III. INNOVATIVE COURSE RENEWAL REQUEST

### 1. Are there any changes in the criteria used for selecting students for the course as described in the initial application for approval?

|  |
| --- |
| No, there are no changes.  Yes, there are changes. *(please describe the changes)* |

### 2. Are there any changes in the previously submitted course syllabus or scope and sequence of the course?

|  |
| --- |
| No, there are no changes.  Yes, there are changes. *(please describe the changes)* |

### 3. Are there any changes to the length of the course (semester or year)?

|  |
| --- |
| No, there are no changes.  Yes, there are changes. *(please describe the changes)* |

### 4. Are there any changes in the unit(s) of credit to be granted?

|  |
| --- |
| No, there are no changes.  Yes, there are changes. *(please describe the changes)* |

### 5. Will the teacher indicated in the initial application teach the innovative CTE course if approved for renewal?

|  |
| --- |
| Yes  No - Provide the new teacher’s information below:  Teacher's Name:­­­­­­­­    South Carolina Educator License Number:    List all area(s) of certification/endorsement that appear on the SC Teaching Credential.    List any specific experience(s) or training(s) |

## PART IV. REQUIRED SIGNATURES

**I certify that this locally designed CTE course will be taught by a SCDE certified teacher, that the course is aligned with the state adopted academic standards, and that the course was approved by the local board of trustees for these schools.** ***(Please sign and date on the line below the designated position)***

Signature of Teacher

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Signature of the Principal/Director

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Signature(s) of the Superintendent(s) or Designee(s)

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| **For SCDE use only** |
| **Approved  Disapproved** |
| **Signature of CTE Education Associate (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of CTE Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **CTE Data Collection Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Comments: |