



Innovative Approaches: Locally Designed Subject Area Course Application

Division of College, Career, and Military Readiness

January 2026

South Carolina Department of Education

Contents

Overview	1
Course Information	2
Marching Band ONLY	4
Standards Alignment.....	5
Required Signatures	6

Overview
(Core Graduation Credit)

State Board of Education Regulation 43-234 allows schools with grades 9–12 to award credit for a locally designed subject area course if the course is aligned with current state academic standards for the particular subject area and approved by the local board of trustees. The course will then be reviewed for approval by the State Superintendent of Education.

South Carolina Department of Education (SCDE) approval is not required for locally designed courses for which students receive elective college preparatory credit as long as the courses are approved by the local board of trustees.

If honors credit is needed for any locally designed elective course, follow the Honors Framework (Appendix A).

Email the completed Locally Designed Subject Area Course Application to innovativecourseapp@ed.sc.gov. For questions or concerns, please send an email to innovativecourseapp@ed.sc.gov. **Please allow 30 days from date of submission for SCDE processing to be completed.**

An approved application is valid for three years unless new standards are written in the subject area. In such a case, another application must be completed and submitted to the SCDE.

Course Information

REQUESTED INFORMATION	
Date Submitted:	
District:	
Application Prepared and Submitted By:	
Name:	
Position:	
Mailing Address:	
Phone Number, including area code:	
E-mail address:	
Locally Designed Subject Area	Course For Core Credit
Name of Course:	
Subject Area:	
Length of Course	<input type="checkbox"/> Semester <input type="checkbox"/> Year
Grade Level(s):	
Course Beginning Date:	
Course Ending Date:	
Course Credit to Be Awarded:	<input type="checkbox"/> one unit <input type="checkbox"/> one-half unit
School(s) Where Course Will Be Implemented	
Teacher Of the Locally Designed Course*	
Teacher's Name:	

REQUESTED INFORMATION	
South Carolina Certification Identification (CID) Number:	
List all areas of certification/endorsement that appear on the certification:	
List any specific experience(s) or training(s) the teacher may have in this area of study:	

**Use a separate sheet and answer each question if more than one person will be teaching the course.*

All applicants must complete items 1–7.

1. Provide a brief description of the proposed course.
2. Explain how the needs assessment conducted at the local level substantiates the need for the proposed course.
3. List the criteria for selecting students for the course, including prerequisite courses.
4. List the proposed teaching methodologies to be used in the course.
5. Attach a course syllabus or scope and sequence for this proposed course.
6. Identify the curriculum, textbooks, and materials that will be used in the course.
7. Demonstrate the alignment of the proposed course with SC Academic Standards using the attached chart at the end of this application.

Marching Band ONLY

If this application is for marching band to substitute for physical education per S.C. Code Ann. §59-29-80, also complete items 8-10.

8. Attach a copy of the PowerSchool master schedule for each school for which this application covers. If the master schedule is not currently available, please submit as soon as available, but not later than July 31, 2025. This Innovative Course Application is not complete without these documents.

9. a. Explain how students in the marching band course will receive all physical education standards.

b. Explain how students in the marching band course will receive comprehensive health education instruction.

10. Provide times and/or bell periods when marching band is offered. Use a separate explanation if more than one school is included in this application.

Required Signatures

I certify that this locally designed course for elective high school credit will be taught by a properly certified teacher, is aligned with the state-adopted academic standards, is consistent with the South Carolina Uniform Grading Policy, and was approved by the local board of trustees.*

Signature of the Teacher of the locally designed course for high school credit **Date** _____

Print Name

Signature of the second Teacher, if applicable **Date** _____

Print Name

Signature of the Principal/Director of School where the course will be offered **Date** _____

Print Name

Signature of this District Superintendent or Designee **Date** _____

Print Name

Signature of the District Board of Trustees, Chairperson **Date** _____

Print Name

**Use additional signature sheets, if necessary, and attach them to this application.*