

# MAUC Secondary Alternative Textbook Approval Request Form

Teacher: \_\_\_\_\_

School: \_\_\_\_\_

Course: \_\_\_\_\_

Text Title: \_\_\_\_\_

Publisher: \_\_\_\_\_

Pub. Date: \_\_\_\_\_

Edition: \_\_\_\_\_

Author: \_\_\_\_\_

List Price: \_\_\_\_\_

Reading Level: \_\_\_\_\_

Available Supplementary Materials:

Reason(s) for request:

Strengths of requested text:

Weaknesses of requested text:

Approval Steps

Signature

Date

- |   |       |       |
|---|-------|-------|
| 1. Local Curriculum Committee Approval          | _____ | _____ |
| 2. Principal (Senior Academies)                 | _____ | _____ |
| 3. Conference Superintendent (Junior Academies) | _____ | _____ |
| 4. Union Office                                 | _____ | _____ |
| Approved for Time/Dates/Year                    | _____ | _____ |