# Date:

# Contact Person: NAME

**College:**  **Department:** ENTER DEPARTMENT NAME

**Degree Program:** ENTER MAJOR & DEGREE (E.G. MUSIC - BM, ACCOUNTING - BBA)

1. **Transfer Institution Name:** ENTER INSTITUTION NAME
2. **Course Number/Prefix:** ENTER PREFIX & NUMBER
3. **Course Title:** COURSE TITLE
4. **Obtain and attach a current course description and syllabus for the course under consideration.**
5. **College Justification –** Include details of how the requested course would apply toward the degree plan, including a list of any course(s) it may be used as a substitute for. Attach additional pages if necessary.

1. **Name of Faculty Reviewer (attach current resume/CV):** NAME
2. **Faculty Reviewer Justification –** Include an explanation of how, per [SACS COC requirements for The Quality and Integrity of Undergraduate Degrees](http://www.sacscoc.org/pdf/081705/Quality%20and%20Integrity%20of%20Undergraduate%20Degrees.pdf), UT Tyler is able to demonstrate the following standards are met for the course in question: *“there are comparable course content and comparable learning outcomes, and ensure that courses rise above the level of basic skills and constitute more than a training experience”.* Attach additional pages if necessary.

**APPROVALS – COLLEGE AND ACADEMIC AFFAIRS**:

FACULTY REVIEWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

DEPARTMENT CHAIR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

COLLEGE DEAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

ACADEMIC AFFAIRS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**ADDITION OF APPROVED COURSE TO MASTER LIST – OFFICE OF THE REGISTRAR:**

 [ ]  Course has been added to WECM / Workforce Education Academic Approvals Master List

 [ ]  The Admissions Processing team has been notified to adjust transfer credit rules accordingly

REGISTRAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: