

Request to Add a New Course

Texas Common Course Numbering System

Lower Division Academic Course Guide Manual

(I) Institution: _____

Address: _____

Proposed Course Rubric: _____

Descriptive Title: _____

**** Attach a course syllabus, detailed course outline, and course objectives. ****

Proposed CIP Code for Course Area: _____

(II) Is this an alternative to an existing common course?

Yes, which course? _____

No

If yes, provide an explanation of the need to offer the course for a different credit value or at a different level (freshman, sophomore).

(III) Is the course required for a Major, Non-major or Core Curriculum?

Major _____

Core Curriculum Component Area _____

Non Major/Support _____

Course Level: Freshman _____ Sophomore _____

Number of proposed semester & contact hours which the course could be offered:

Prerequisite(s) if any _____

(VII) Recommendations from University Faculty

Attach completed University Faculty Course Recommendation Forms from 3-5 Academic Department Chairs or appropriate administrators at Texas universities offering programs in the discipline area.

(VIII) Required Signatures:

TCCNS Institutional Contact: _____

Date: _____

Institutional Chief Academic Officer: _____

Date: _____

Please return form to:

Lisa Prieto, TCCNS Database Site Coordinator
The University of Texas-Pan American
Emilia Hall 1.120
1201 West University Drive
Edinburg, Texas 78539
(956) 381-2522
Fax: (956) 380-1292
Email: lisaprieto@utpa.edu

TEXAS COMMON COURSE NUMBERING SYSTEM/LOWER DIVISION ACADEMIC COURSE GUIDE MANUAL

University Faculty Course Recommendations

_____ is seeking approval from the Texas Common Course Numbering System (TCCNS) and the Texas Higher Education Coordinating Board Advisory Committee for the Revision of the Lower Division Academic Course Guide Manual (ACGM) to offer a new course in _____. The course will be taught at the _____ level. If approved by both the TCCNS and ACGM Committee, the course may be offered by all Texas public community colleges. As part of the approval process, new courses must be reviewed and recommended by **academic department chairs or appropriate administrators at Texas colleges or universities offering programs in the discipline area**. Please review the attached course description, syllabus and course outline. Your recommendations will be reviewed by the TCCNS Board and the ACGM Committee. **Please address specifically the applicability of the course to the major and if the course would be considered a transfer equivalent or degree plan substitution to any of your courses.**

Name: _____

Title: _____

Institution: _____

(Check appropriate boxes)

- 1) The course will be accepted as a transfer equivalent to a major requirement or will be used as a degree plan substitution for a major requirement. If a transfer equivalent, provide your institution's equivalent course number _____. (Transfer equivalent does not imply acceptance as advanced level hours.)
- 2) The course will be accepted as fulfilling core curriculum requirements.
- 3) The course will be accepted as generic elective credit.
- 4) The course will not be accepted.

Other Recommendations and Comments:

Signature: _____ Date: _____