University Faculty New TCCNS/ACGM Course Recommendation

is seeking approval from the Texas Common Course Numbering System (TCCNS) and the Texas Higher Education Coordinating Board, through recommendation from the Lower Division Academic Course Guide Manual (ACGM) Advisory Committee to offer a new course (Note: Text boxes in this document are unlimited in length.):

Proposed course title:

Proposed number of semester credit hours:

Proposed course level:  ☐ Freshman (1xxx)  ☐ Sophomore (2xxx)

ATTACH a proposed course syllabus, detailed course outline, and student learning outcomes.

If approved by both the TCCNS and the THECB, the proposed course would become available to be offered by all Texas public community colleges, and would be fully transferable among Texas public colleges and universities by Texas law. As part of the approval process, proposed courses must be reviewed and recommended by academic department chairs and chief academic/instructional officers at Texas colleges or universities offering degree programs in a discipline area to which the proposed course would be appropriate.

Please review the attached course description, detailed course outline, and student learning outcomes for the proposed course. Your evaluation of the course in light of your institution’s ability to make use of the course in fulfilling degree requirements would be useful.

Your evaluation and recommendation will be reviewed by the TCCNS Board and the THECB ACGM Advisory Committee. Please address the applicability of the proposed course to a specific degree plan or plans, and indicate whether the proposed course would be considered to be a transfer equivalent or a major/degree plan substitution for any of your native courses.

NAME of recommender:

TITLE of recommender:

Institution:

Check all appropriate boxes:

☐ 1) The course would be accepted as a transfer equivalent to a major/degree plan graduation requirement.

  Your institution’s equivalent course number:
  Your institution’s equivalent course title:
  Major/degree plan to which the transfer course would apply:

  (Transfer equivalence does not imply acceptance as an upper-level/advanced course, and should not be expected to waive required upper-level semester credit hour requirements for graduation.)

☐ 2) The course would be accepted as a major/degree plan substitution for a graduation requirement.

  Your institution’s major/degree plan accepting the substitution (list all applicable):

☐ 3) The course would not apply to any specific degree plan or graduation requirement at this institution.
Other recommendations and comments:

**Required signatures:**

(1) Faculty member/Academic department representative:

Name:

Title:

Date:

_______________________________________________

Signature

(2) Chief Academic/Instructional Officer:

Name:

Title:

Date:

_______________________________________________

Signature

**Please return to requesting institution for inclusion with new ACGM course request.**