**Texas Higher Education Coordinating Board**

**Evaluation of Unique Need Course Transferability**

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| A unique need course is an academic course created by a two-year college to meet a specific lower-division requirement of a baccalaureate degree program that cannot be met by an existing course in the Lower-Division Academic Course Guide Manual. As part of the unique need approval process, a proposed course must be reviewed and recommended by academic department chairs or appropriate administrators at Texas public universities that offer a degree program in the discipline area. Please review the attached course syllabus.  This form is to be filled out by the four-year institution accepting the unique need course for transfer credit. Please return this form to the two-year institution that is making the request for the unique need course so that it can be included as part of the complete application to the Coordinating Board.  Information: Contact the Division of Academic Quality and Workforce at (512) 427-6231 or at [Rebecca.Leslie@thecb.state.tx.us](mailto:Rebecca.Leslie@thecb.state.tx.us). |

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| **Administrative Information**  1. Unique Need Course Title and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Community College requesting to offer the unique need course:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. University to evaluate and accept the unique need course for transfer:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 4. Evaluator Information: Provide contact information for the individual who completes this  evaluation.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**I. Transfer Information**

Check appropriate all boxes that apply and provide the course information.

The course will be accepted as a transfer equivalent. Indicate your institution’s course name and number.

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The course will meet a specific lower-division requirement of a baccalaureate degree program that no other course in the ACGM can meet. Indicate the degree program or programs toward which this course would apply at your institution.

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Neither of the above applies.

**II. Other Comments or Recommendations**

Please attach a separate sheet if needed.

Academic Department Chair’s Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Academic Officer’s Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_