**Texas Higher Education Coordinating Board**

**Lower Division Academic Course Guide Manual**

**University Faculty ACGM Course Modification Recommendation**

is seeking approval from the Texas Higher Education Coordinating Board, through recommendation from the Lower Division Academic Course Guide Manual (ACGM) Advisory Committee, to modify an existing ACGM course (Note: Text boxes in this document are unlimited in length.):

Existing ACGM course number:

Proposed ACGM course number:

Existing course title:

Proposed course title:

Existing number of semester credit hours:

Proposed number of semester credit hours:

Existing course level: [ ]  Freshman (1xxx) [ ]  Sophomore (2xxx)

Proposed course level: [ ]  Freshman (1xxx) [ ]  Sophomore (2xxx)

**ATTACH a proposed course title, description, and student learning outcomes, indicating all proposed modifications to the existing course.**

If approved by both the TCCNS and the THECB, the course as modified 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 and student learning outcomes for the proposed modified course. Your evaluation of the modified 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 modified course to a specific degree plan or plans, and indicate whether the proposed modified course would be considered to be a transfer equivalent or a major/degree plan substitution for any of your native courses.**

NAME of university recommender:

TITLE of university recommender:

Institution:

**Check all appropriate boxes and complete additional information as needed**:

[ ]  1) The course as modified 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:

(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 as modified 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 as modified 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:

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Signature

1. Chief Academic/Instructional Officer:

Name:

Title:

Date:

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Signature

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