**Texas Higher Education Coordinating Board**

**Applied Baccalaureate Degree Upper-Division Course Proposal**

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| Directions: While completing this form, institutions should refer to Texas Administrative Code (TAC) Title 19, Part 1, Chapter 9, Subchapter D, Section 9.74 relating to applied baccalaureate degree courses. A proposed course may be approved as an applied baccalaureate degree course if it meets the following definition: An academic course created by a two-year college to meet a specific upper division requirement of an applied baccalaureate degree program that cannot be satisfied by an existing course in the Lower-Division Academic Course Guide Manual (ACGM). The applied baccalaureate degree course will be assigned an approval number for use by the requesting college.  This form must be submitted no later than four months prior to the date of first student enrollment: May 1st is the submission deadline for courses that begin in the Fall semester, and September 1st is the deadline for courses beginning in the Spring semester. Approval of applied baccalaureate degree courses is effective for as long as the college offers one or more applied baccalaureate degree programs that require those courses. If the institution discontinues use of an applied baccalaureate degree course in its applied baccalaureate degree programs, it must notify Board staff so that the course can be removed from the college’s course inventory.  Submit this form and supplementary documents via the Coordinating Board’s Document Submission Portal: <https://www1.thecb.state.tx.us/apps/proposals/>  Information: Contact Rebecca Leslie at (512) 427-6231 or via email at [rebecca.leslie@thecb.state.tx.us](mailto:uniqueneed@thecb.state.tx.us). |

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| **Administrative Information**  1. Institution:  2. Date Submitted: |
| 3. Implementation Date: Report the first year and semester that students would register for the proposed course. |
| 4. Contact Person: Provide contact information for the person who can answer specific questions about the application.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**I. Course Information**

**A. Course Data**

Please provide the following information.

1. Applied baccalaureate degree title and CIP code associated with this course (you may list multiple degree programs, if applicable):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Course title, subject prefix, and course number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Semester credit hours:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Contact hours (lecture/lab/lecture & lab combined):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Course Syllabus**

Provide a sample syllabus for the course that includes a course description, a detailed course content outline, and statement of learning objectives.

**III. Signature of Chief Academic Officer**

I hereby certify that the course will have college-level rigor and is required by one or more applied baccalaureate degree programs at my institution. I also certify that I will notify the Board of any significant changes to the course, such as its semester credit hour value, contact hour value, title, or CIP code, prior to offering the revised course to students. I understand that failure to notify the Board of significant changes to an applied baccalaureate degree course may result in loss of state funding for that course.

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Signature Date