

**Request to Add a New Course to the Texas Common Course Numbering System (TCCNS)
and/or to the Texas Higher Education Coordinating Board's
Lower Division Academic Course Guide Manual (ACGM)**

Submitted to: (Check one or both)

Texas Common Course Numbering System

Lower-Division Academic Course Guide Manual

(I) Requesting Institution:

Address:

Proposed Course Rubric (e.g. BIOL, ENGL) (Number to be assigned)

Descriptive Course Title:

Proposed CIP Code course content (<http://www.txhighereddata.org/Interactive/CIP/>):

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

(II) Is this a request to offer an existing common course for a different credit value or at a different level?

Yes → Existing TCCNS course you wish to change?

No

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

Is this a request to offer an existing Workforce Education Course Manual (WECM) course for academic credit through the TCCNS and the Lower division Academic Course Manual (ACGM)?

Yes → Existing WECM course you wish to request, including rubric, number, and descriptive title?

No

If YES, provide an explanation of the need to offer the course for academic credit, and whether the content of the course would be different from the existing WECM course.

Is this a request to offer an existing approved unique need course?

Yes → Existing unique need course number/title:

Enter your institution's catalogue year and page number for the course:

Catalogue year: Page number:

Link to information on-line:

No

If YES, provide an explanation of the reasons to add a unique need course to the ACGM, including a census of the colleges currently offering the proposed course or one similar to it as a unique need course.

(III) Purpose of the proposed course at the requesting institution (Indicate how the course would be expected to apply to a specific academic associate degree, and/or in transfer toward a baccalaureate degree at a university):

Course level: Freshman (1XXX) Sophomore (2xxx)

Function: Major/degree plan requirement for the following degree program/s: (e.g., AA in Music, BM in Music, BBA, AS in Physics, BS in Physics, etc.):

Number of proposed semester credit hours:

Proposed contact hours:

Prerequisite/s (if any):

(VI) Recommendations from University Administrators

Attach the completed *University Faculty New TCCNS/ACGM Course Recommendation* form from academic department chairs at five Texas universities, affirming the appropriateness of the proposed course for transfer. The form must be signed by the academic department chair and the chief academic officer at each university.

(VII) Required signatures:

Faculty member/Department chair:

Name:

Title:

Phone:

Date:

Email address:

Signature

Institutional chief instructional/academic officer:

Name:

Title:

Phone:

Date:

Email address:

Signature

PLEASE RETURN FORM TO:

John Spencer, TCCNS Database Site Coordinator
Tarrant County College District
TRCF - 2300A
300 Trinity Campus Circle
Fort Worth, TX 76102-1964
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With a copy of all materials to the Texas Higher Education Coordinating Board via the [online submission portal](#).