



UTD Concurrent Course Approval Form

School:

Instructor's Name:

Semester:

NOTE: Approval in one semester does not imply approval in subsequent semesters so that the above process must be repeated anew each time a unit wishes to teach undergraduate and graduate courses together.

Courses:

UNDERGRADUATE

Course Name: _____ Course Number _____

Syllabus attached: Yes__ No__

GRADUATE

Course Name: _____ Course Number _____

Syllabus attached: Yes__ No__

Narrative: (Outlining the circumstances necessitating such scheduling and explain briefly how the content and assignments in your concurrent courses differ for graduates and undergraduates)

Approval Signatures:

1) Dean of School _____ Date: _____

2) Dean of Undergraduate Studies _____ Date: _____

3) Dean of Graduate Studies _____ Date: _____

4) Office of the Registrar _____ Date: _____

5) The Office of the Provost and
Executive Vice President _____ Date: _____

NOTE: Please route this form according to the above sequence