**Syllabus Review Form**

Students must complete this form in order to have a syllabus from another institution reviewed by the Curriculum Committee. Please provide one form for each syllabus submitted. Once reviewed, the student will receive an email regarding approval status.

Student Name: _____________________    Email: ____________________ SID: ___________________

Institution: _____________________________ Country: _____________________________________

Department: _____________________________ Instructor: _________________________________

Course Name: _______________________________ Course Number: ___________________________

Upper Division     /      Lower Division

Unit Value: ______________   UC Berkeley Unit Value Equivalence: ____________________________

Study Abroad Program:    Yes   /   No           List Program: ______________________________________

Intended Equivalency (Optional)

UCB Course Name and Number: ___________________________________________________________

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For Office Use Only

Approval Status:  Approved     /     Not Approved

Course Equivalency:  Tier 2     /     Tier 3     /     Other

UCB Equivalent Course Name and Number: _______________________________________________

Approval Comments:
________________________________________________________________________________
________________________________________________________________________________

Review Date: ____________________________   Reviewed By: _____________________________

Reapproval Date: _________________________