

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: _____

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: _____