**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

Course Length: _______________________

Hours Met Per Week: ________________ 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: ______________________