

**Multicultural Curriculum Transformation and Research Institute
Texas State University
Application**

Name: _____

College: _____

Department: _____

Faculty Title: _____

Proposed Course for Transformation:

Is the course required or an elective?

Number of students annually served by the course:

Required _____ Elective _____

Course Description:

Rationale:

Expectations:

Questions/Concerns:

Signatures:

Chair: _____ Date: _____

Dean: _____ Date: _____

Send completed application to your chair & dean. Please send signed original to UAC 478.