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? Required ______ Elective ______

Number of students annually served by the course: ______

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.