



Course Reviewer Submission Approval Form

This course has been reviewed by a PAUC member institution Subject Matter Specialist and requires approval by committee. The approved course will be updated on the ACAT website/App. by the institution's Contact Rep.

Course Information:

The Course Name and Code: _____

Equivalent to AB Ed. Course: _____

Delivered at: _____

Delivered hours: _____

New or Existing Course: _____

Prerequisites: _____

Submitted for Review: _____

Course information has been independently reviewed and recommended for inclusion by:

PAUC Member Institution _____

Subject Matter Specialist _____

Credentials _____

Date of approval by Member Institution _____

Signature of Reviewer: _____

PAUC Course Review Coordinator (Print)

PAUC Course Review Coordinator (Signature)

(Date)