



Application for a Kansas Systemwide Transfer (SWT) Course

This form is intended to provide institutions the opportunity to submit courses acceptable for Systemwide Transfer.

This form must be submitted by March 1st for courses to be approved for the following summer.

Applications will be considered by the Transfer and Articulation Council (TAAC).

Institution Name: _____

Kansas Regents Shared Number (KRSN) Code and Title: _____

Institution Course Code ID: _____ Credit Hours: _____

Institution Course Title: _____

Check all that apply:

- New course
- Existing course
- Course title/number change
- Course replacement. Previously approved course: _____
- Additional course. Previously approved course: _____

Institutional Chief Academic Officer: _____

E-mail Address: _____

The signature below indicates responsibility for the institution to maintain structures and practices that ensure the course meets or exceeds the core outcomes specified by the Kansas Core Outcome Group for the above requested SWT course previously approved by the Kansas Board of Regents.

Institutional Chief Academic Officer Signature: _____

Date: _____

Please return completed form and information to:

Dr. Karla Wiscombe
 Academic Affairs
 Kansas Board of Regents
 1000 SW Jackson, Suite 520
 Topeka, KS 66612-1368
 785.430.4282 (Tel.)
 785.430.4233 (Fax)
 kwiscombe@ksbor.org

TAAC Action: APPROVE NOT APPROVE TABLE Why? _____

Committee Co-Chair Signature _____ Date: _____

Course Equivalency Guide and Matrix updated on _____