

Virtual College of Texas
Southwest Texas Junior College
VCT Course Request Form
(830) 591-7352

VCT Coordinator
Lorena M. Lopez

Email Address: lmlopez@swtjc.edu
2401 Garner Field Rd. Uvalde, TX 78801

Part I: Student & Course Information

(Part I must be completed by the student prior to submitting VCT Course Request Form to VCT Coordinator.)

Student Name: _____ SWTJC ID#: _____
Address: _____ Email: _____
_____ Phone: _____
_____ Fax: _____

VCT Provider College: _____ Starting Date: _____
Instructor: _____ Ending Date: _____
Email: _____ Total Cost: \$ _____

Part II. VCT Provider College Information

(Part II must be completed by SWTJC VCT Coordinator prior to forwarding to SWTJC VP of Academic Affairs)

VCT Provider Coordinator: _____ SWTJC Course #: _____
Phone: _____ Fax: _____ Course Name: _____
Email: _____ Credit Hrs: _____ Lab Hrs: _____
Reason for Request: _____

Part III. SWTJC Instructional Information

(Part III must be completed by SWTJC VP of Academic Affairs prior to returning to VCT Coordinator for processing.)

VCT Provider Instructor Qualification Summary: _____ Approved _____ Denied
VCT Host Request: _____ Approved _____ Denied Reason if denied: _____

VP Signature: _____ Date: _____

Administrative Assistant Use Only

Synonym Assigned: _____ Section Number _____ Census Date _____

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DISTRIBUTION OF COPIES: VCT Coordinator/White * Vice-President of Academic Affairs/Yellow