

**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

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**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:\$ \_\_\_\_\_

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**Part II. VCT Provider College Information**

(Part II must be completed by SWTJC VCT Coordinator prior to forwarding to SWTJC Dean of Instruction.)

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

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**Part III. SWTJC Vice-President of Academic Affairs**

(Part III must be completed by SWTJC Vice-President 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**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**