The University of Texas at Arlington
Request For Approval
For Adoption of Faculty Authored Texts

Date: ______/_____/___________

Faculty Member/Author: ________________________________________________

Department: __________________________________________________________

Name of Textbook or Manual: __________________________________________

Publisher: ____________________________________________________________

Cost to Student $______________  Monetary Benefit to Author $____________

In What Course(s) is the Textbook Used? __________________________________

Textbook is: Required ________________  Supplemental Reading: ___________

Review procedure used to ensure that proposed textbook is appropriate for the course(s):
Has Proposed Textbook previously been approved for use at U.T.Arlington?______________

Does proposed textbook replace a current textbook or manual? ________________

If answer is “yes” give name of current book: ________________________________

Approved:

_________________________________________
Chair

_________________________________________
Dean

_________________________________________
Provost