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| Description: Description: Description: UNTHSC **Course Update Form** | **University of North Texas Health Science Center**  **Office of the Registrar**, EAD 244 **GSBS**, CBH 345  3500 Camp Bowie Blvd.  Fort Worth, TX 76107-2699 |

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| **School** | **Degree** | **Subject** | | **Course Number** | |
| GSBS | MS PhD | BMSC CVMD MMED NTER PHRM PSPT  SARS | |  | |
| **Change** | | | **Effective Date** | |
| New Course Modification Deletion | | | Fall       Spring       Summer | |
| **Justification for Change** | | | | |
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| **Short Course Title (30 Characters):** | | | | | **Long Course Title:** | | | | | |
|  | | | | |  | | | | | |
| **Consent Required** | | **Repeat for Credit** | | | | **Cross-listed** | | | **If cross-listed course, details:** | |
| Yes | | Yes | | | | Yes | | |  | |
| No | | No | | | | No | | |
| **Credits** | **Course Number\*** | | | **Topics Course** | | | **Topic (if topics course):** | | | |
|  |  | | | Yes No | | |  | | | |
| **Enrollment Capacity** | | | **Component** | | | **Semester** | | | | **Frequency** |
|  | | | Lecture | | | Fall | | | | Every Year |
| **Grading Basis** | | | Clinical | | | Spring | | | | Every Odd Year |
| P/NP | | | Laboratory | | | Summer | | | | Every Even Year |
| Letter Grade | | | Practicum | | |  | | | |  |
| S/U | | | Research | | | **Course Fee** | | Please fill out and attach the [Course Fee Request Form](http://web.unthsc.edu/download/downloads/id/699/course_fee_request_form) to add, delete, decrease, or increase fees. | | |
| Non-Graded | | | Seminar | | | Yes | |
|  | | | Case Studies | | | No | |
| **Prerequisite(s):** | | | | | | | | | | |
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| **Course Description:** | | | | | | | | | | |
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For GSBS Use:

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| ***Disciplines toward which this course would be applied as:*** | |
| **Major** |  |
| **Minor** |  |
| **Other** |  |
| ***Indication of consultation with other disciplines expected to make significant use of or contribution to course:*** | |
| **Discipline** |  |
| **Consulted with** | (signature) |
| **Date** |  |
| **Discipline** |  |
| **Consulted with** | (signature) |
| **Date** |  |
| **Discipline** |  |
| **Consulted with** | (signature) |
| **Date** |  |
|  | |
| **Can course be offered by present faculty (yes or no; if no, explain)** |  |
| **Will course require special equipment, facilities or library materials not now available? (yes or no; if no, explain)** |  |

The signatures below certify that (1) a careful examination has been made of the course offerings of this and other departments and no duplication will occur as a result of this course: (2) all departments have been consulted which may be sources of students or faculty for this course; and (3) the present feasibility for cross-listing is limited to the notation above.

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| , Faculty Member |  | Date |
|  |  |  |
| , Graduate Advisor |  | Date |
|  |  |  |
| , Department Chair |  | Date |

Graduate Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Meharvan Singh, Ph.D.* *Date*

**\*Please attach a copy of the course syllabus for new or modified courses. If additional room is needed please use another sheet.**