|  |  |
| --- | --- |
| Description: Description: Description: UNTHSC**Course Update Form** | **University of North Texas Health Science Center****Office of the Registrar**, EAD 244**GSBS**, CBH 3453500 Camp Bowie Blvd.Fort Worth, TX 76107-2699 |

|  |  |  |  |
| --- | --- | --- | --- |
| **School** | **Degree** | **Subject** | **Course Number** |
| GSBS | **[ ]** MS**[ ]** PhD | [ ] BMSC [ ] MIMG [ ] PHAN [ ] PHRM [ ] PSPT  |       |
| **Change** | **Effective Date** |
| **[ ]** New Course **[ ]** Modification **[ ]** Deletion  | [ ] Fall       [ ] Spring       [ ] Summer       |
| **Justification for Change** |
|        |

|  |  |
| --- | --- |
| **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):** |
|       |
| **Course Description:** |
|       |

For GSBS Use:

|  |
| --- |
| ***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.

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

Interim Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ J. Thomas Cunningham, 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.**