SBS

**Course Update Form**

**University of North Texas Health Science Center Office of the Registrar**, SSC 240

(817) 735-2201 / Fax (817) 735-0448

[registrar@unthsc.edu](mailto:registrar@unthsc.edu)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School** | **Degree/Cert** | **Subject Area** | | **Course Number** |
|  |  |  | |  |
| **Change** | | | **Effective Term** | |
| □ New Course □ Modification □ Deletion | | | □ Fall 2022 □ Spring 2023 □ Summer 2023  □ | |
| **Justification for Change** | | | | |
|  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Short Course Title (30 Characters):** | | | **Long Course Title:** | | | |
|  | | |  | | | |
| **Consent Required** | **Repeat for Credit** | | | **Cross- listed** | **List cross-listed courses** | |
| □ Yes | □ Yes | |  | □ Yes |  | |
| □ No | □ No | |  | □ No |
| **Credit Hours** | | **Topics Course** | | **Topic (if topics course):** | | |
|  | | □ Yes □ No | |  | | |
| **Grading Basis** | | **Component** | | **Semester** | | **Frequency** |
| □ P/NP |  | □ Lecture |  | □ Fall |  | □ Every Year |
| □ Letter Grade |  | □ Clinical |  | □ Spring |  | □ Every Odd Year |
| □ S/U |  | □ Laboratory | | □ Summer | | □ Every Even Year |
| □ Non-Graded |  | □ Practicum |  | □ | | □ |
| □ Honors/Pass/Fail(TCOM) | | □ Research |  | **Campus** | | **Enrollment Capacity** |
| □ | | □ Seminar |  | □ Main Campus | |  |
| □ Independent Study | | □ Internet | |
| □ | |  | |
| **Prerequisite(s):** | | | | | | |
|  | | | | | | |

\*Insert if modification is needed.

**Course Description:**

# Proposal Submitted By:

Typed Name Signature Date

# Graduate Advisor/Program Director:

Typed Name Signature Date

# Department Chair:

Typed Name Signature Date

# Dean of School:

Typed Name Signature Date

Updated: 06/22/2022