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

|  |  |  |  |
| --- | --- | --- | --- |
| **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