

## **Course Update Form**

## University of North Texas Health Science Center Registrar and Student Records, SSC 240

(817) 735-2201 / Fax (817) 735-0448 registrar@unthsc.edu

| School                                 | Degre | ee/Certificate  | Certificate Subje                       |                           | ect Area |                            | Course Number |    |  |
|--|-------|-----------------|---|---------------------------|----------|----------------------------|---------------|----|--|
|  |       |                 |   |                           |          |                            |               |    |  |
| Change Effective Term                  |       |                 |   |                           |          |                            |               |    |  |
| ☐ New Course ☐ Modification ☐ Deletion |       |                 | □ Fall 2025 □ Spring 2026 □ Summer 2026 |                           |          |                            |               |    |  |
|  |       |                 |   |                           |          |                            |               |    |  |
| Justification for Change               |       |                 |   |                           |          |                            |               |    |  |
|  |       |                 |   |                           |          |                            |               |    |  |
|  |       |                 |   |                           |          |                            |               |    |  |
|  |       |                 |   |                           |          |                            |               |    |  |
|  |       |                 |   |                           |          |                            |               |    |  |
|  |       |                 |   |                           |          |                            |               |    |  |
| Short Course Title (30 Characters):    |       |                 | Long Course Title:                      |                           |          |                            |               |    |  |
| C (P : 1                               | Т     |                 | • ,                                     |                           | T • /    | 1 1                        |               |    |  |
| <b>Consent Required</b>                | ŀ     | Repeat for Cred | ıt                                      | Cross-<br>listed          | List cro | ss-listed co               | ourses        |    |  |
| □ Yes                                  |       | □ Yes           |   | □ Yes                     |          |                            |               |    |  |
|  |       | □ No            |   |                           |          |                            |               |    |  |
| Credit Hours                           |       | Topics Course   | <u> </u>                                | Topic (if topics course): |          |                            |               |    |  |
|  |       | □ Yes □ No      |   |                           | •        | ,                          |               |    |  |
| <b>Grading Basis</b>                   |       | Component       |   | Semester                  | Offered  | Frequence                  | cy Offere     | d  |  |
| □ P/NP                                 |       | □ Lecture       |   | □ Fall                    |          | □ Every Year               |               |    |  |
| □ Letter Grade                         |       | □ Clinical      |   | □ Spring                  |          | □ Every Odd Year           |               |    |  |
| □ S/U                                  |       | □ Lecture/Lab   |   | □ Summer                  |          | □ Every Even Year          |               |    |  |
| □ Non-Graded                           |       | □ Practicum     |   |                           |          |                            |               |    |  |
| ☐ Honors/Pass/Fail(T                   | COM)  | □ Research      |   | Campus                    |          | <b>Enrollment Capacity</b> |               |    |  |
|  |       | □ Seminar       |   | □ Main Campus             |          |                            |               |    |  |
|  |       | □ Independent   | Study                                   | □ Intern                  | et       |                            |               |    |  |
|  |       |                 |   | Is this an elective c     |          | course?                    | Yes           | No |  |
| Prerequisite(s):                       |       |                 |   |                           |          |                            |               |    |  |
|  |       |                 |   |                           |          |                            |               |    |  |
|  |       |                 |   |                           |          |                            |               |    |  |
|  |       |                 |   |                           |          |                            |               |    |  |
|  |       |                 |   |                           |          |                            |               |    |  |
|  |       |                 |   |                           |          |                            |               |    |  |
|  |       |                 |   |                           |          |                            |               |    |  |

<sup>\*</sup>Insert if modification is needed.

| Course Description:               |                  |      |  |  |  |  |
|-----------------------------------|------------------|------|--|--|--|--|
|                                   |                  |      |  |  |  |  |
|                                   |                  |      |  |  |  |  |
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|                                   |                  |      |  |  |  |  |
|                                   |                  |      |  |  |  |  |
|                                   |                  |      |  |  |  |  |
| <b>Proposal Submitted By:</b>     |                  |      |  |  |  |  |
|                                   |                  |      |  |  |  |  |
|                                   |                  |      |  |  |  |  |
| Typed Name                        | Signature        | Date |  |  |  |  |
| Typed I tallie                    | Signature        | Bute |  |  |  |  |
|                                   |                  |      |  |  |  |  |
|                                   |                  |      |  |  |  |  |
| <b>Department Chair or Design</b> | nee:             |      |  |  |  |  |
|                                   |                  |      |  |  |  |  |
|                                   |                  |      |  |  |  |  |
| Typed Name                        | Signature        | Date |  |  |  |  |
|                                   |                  |      |  |  |  |  |
|                                   |                  |      |  |  |  |  |
|                                   |                  |      |  |  |  |  |
| Chair, Curriculum Commit          | tee or Designee: |      |  |  |  |  |
|                                   |                  |      |  |  |  |  |
|                                   |                  |      |  |  |  |  |
| Typed Name                        | Signature        | Date |  |  |  |  |
|                                   |                  |      |  |  |  |  |
|                                   |                  |      |  |  |  |  |
| Dean of College or Designee       | •                |      |  |  |  |  |
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|                                   |                  |      |  |  |  |  |
| Typod Nama                        | Signatura        | Data |  |  |  |  |
| Typed Name                        | Signature        | Date |  |  |  |  |