



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	Degree/Certificate	Subject Area	Course Number
Change		Effective Term	
<input type="checkbox"/> New Course <input type="checkbox"/> Modification <input type="checkbox"/> Deletion		<input type="checkbox"/> Fall 2024 <input type="checkbox"/> Spring 2025 <input type="checkbox"/> Summer 2025 _____	
Justification for Change			

Short Course Title (30 Characters):		Long Course Title:	
Consent Required	Repeat for Credit	Cross-listed	List cross-listed courses
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Hours	Topics Course	Topic (if topics course):	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Grading Basis	Component	Semester Offered	Frequency Offered
<input type="checkbox"/> P/NP <input type="checkbox"/> Letter Grade <input type="checkbox"/> S/U <input type="checkbox"/> Non-Graded <input type="checkbox"/> Honors/Pass/Fail(TCOM) <input type="checkbox"/> _____	<input type="checkbox"/> Lecture <input type="checkbox"/> Clinical <input type="checkbox"/> Lecture/Lab <input type="checkbox"/> Practicum <input type="checkbox"/> Research <input type="checkbox"/> Seminar <input type="checkbox"/> Independent Study <input type="checkbox"/> _____	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> _____	<input type="checkbox"/> Every Year <input type="checkbox"/> Every Odd Year <input type="checkbox"/> Every Even Year <input type="checkbox"/> _____
		Campus	Enrollment Capacity
		<input type="checkbox"/> Main Campus <input type="checkbox"/> Internet	
		Is this an elective course? Yes No	
Prerequisite(s):			

*Insert if modification is needed.

Course Description:

--

Proposal Submitted By:

Typed Name

Signature

Date

Department Chair or Designee:

Typed Name

Signature

Date

Chair, Curriculum Committee or Designee:

Typed Name

Signature

Date

Dean of School or Designee:

Typed Name

Signature

Date

Email completed forms with all necessary signatures to registrar@unthsc.edu