TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

# COURSE APPROVAL FORM

Print Form

*All fields must be complete before submission to your school's Student Affairs Office.*

Program: Date:

Course Title: Effective Term: 2024 Spring

Prefix: Number: Min Credit: Min Lecture: Min Lab: Min Other*:

Max Credit: Max Lecture: Max Lab: Max Other*:

**Clinical, Precept, etc.*

**ADD/EDIT**

Course Type: Lecture Instructional Method? FTRAD Face to Face, Traditional

Grading Mode? Standard Non-Credit Lab ☐ Clinical Training ☐ Patient Interaction ☐

Shortened Title for Class Schedules (limited to 30 spaces):

Catalog Description (include prerequisites/ corequisites):

Comments *(amending information on any active course)*

**DELETE** ☐ Justification:

**DEGREEWORKS**

What printed catalog will this course be added to? 2029-2030

☐ Will this course replace an existing course? Prefix: Number:

☐ Will this course be offered to students under a previous catalog?

*If so, please indicate all catalogs that will be effected (example 2010-2011):*

**APPROVALS**

Program Director Date

Department Chair Date

School Student Affairs Date

**SCHOOL USE ONLY:** To HSC Registrar Added to Inventory Distributed to Section Builder