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: [   ]

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: [   ]   Instructional Method? [   ]

Grading Mode? [   ]   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? [   ]

☐ 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

_____   Date
Program Director

_____   Date
Department Chair

_____   Date
School Student Affairs

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