



## 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	<input type="checkbox"/>	Clinical Training	<input type="checkbox"/>	Patient Interaction	<input type="checkbox"/>
	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?		
	<input type="checkbox"/> Will this course replace an existing course?	Prefix:	Number:
	<input type="checkbox"/> 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 ☐