T 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 [_____]

Updated January 2021