

COURSE APPROVAL FORM

Print Form

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							Date:			
:							Effective Term:			
	Number:		Min Credit:		Min Lecture:		Min Lab:	Min Ot	her*:	
	1		Max Credit:		Max Lecture:		Max Lab:	Max Ot	her*:	
*Clinical, Precept, etc.										
Course Type:				Instru	ctional Method	l?				
Grading Mode?			Non-Credit Lab Clinical Training Patient Interaction							
Shortened Title for Class Schedules (limited to 30 spaces): Catalog Description (include prerequisites/										
include pr	erequisites/									
ormation	on any active									
DELETE Justification:										
What printed catalog will this course be added to?										
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):										
Program Director Date										
Department Chair Date										
School Student Affairs							ie			
Y: To HSC	C Registrar		Added to Inv	ventory		Distri	buted to Section Build	der		
i 25	ype: Mode? ortened chedules spa Catalog Include programion could What print Will the will Frogram Departments School Str	Number: Number:	Number: Mode? Ortened Title for Class chedules (limited to 30 spaces): Catalog Description include prerequisites/corequisites): Comments (amending formation on any active course) Justification: What printed catalog will this cours Will this course replace an exist will this course indicate all catalogs that will include the course of the cours	Number: Max Credit: Max Credit: Mode? Ortened Title for Class shedules (limited to 30 spaces): Catalog Description include prerequisites/corequisites): Comments (amending formation on any active course) Justification: What printed catalog will this course be added to? Will this course be offered to students un if so, please indicate all catalogs that will be effected (example 20 per program Director Department Chair School Student Affairs	Number: Number: Min Credit: Max Credit:	Number: Min Credit: Max Lecture: Max Credit: Max Lecture: Max Credit: Max Lecture: Max Credit: Max Lecture: Max Lecture: Max Lecture: Mode? Non-Credit Lab Mon-Credit	Number: Min Credit: Max Lecture: Max Credit: Max Lecture: Max Credit: Max Lecture: Mode? Non-Credit Lab Clinical of Clinica	Date: Effective Term: Min Lecture: Min Lab: Max Lab: Max Credit: Max Lecture: Min Lab: Max La	Number: Min Credit: Min Lecture: Min Lab: Min Ot Max Lecture: Max Lab: Max Ot Max Credit: Max Lecture: Max Lab: Max Ot Max Credit: Max Lecture: Max Lab: Max Ot Max Credit: Max Lecture: Max Lab: Max Ot Max Ot Max Credit Lab Clinical Training Patient Intersorted (Imited to 30 spaces): Catalog Description Include prerequisites/ corequisites/ corequisites): Justification:	Date: Effective Term: Number: Min Credit: Min Lecture: Min Lab: Max Other*: Max Credit: Max Lecture: Max Lab: Max Other*: Cinkol. Peach