University of North Texas Health Science Center
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Course Update Form

School	Degree	Subject	Course Number
SPH	PHRMD	MACH	

Change	Effective Date
☐ New Course ☐ Modification ☐ Deletion	

Justification for Change

Short Course Title (30 Characters):	Long Course Title:

Consent Required	Repeat for Credit	Cross-listed	If cross-listed course, details:
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Credits	Course Number*	Topics Course	Topic (if topics course):
		☐ Yes ☐ No	

Enrollment Capacity	Component	Semester	Frequency
	☐ Lecture	☐ Fall	☐ Every Year
Grading Basis	☐ Clinical	☐ Spring	☐ Every Odd Year
☐ P/NP	☐ Laboratory	☐ Summer	☐ Every Even Year
☐ Letter Grade	☐ Practicum	☐ _____	☐ _____
☐ S/U	☐ Research	**Course Fee**	Please fill out and attach the Course Fee Request Form to add, delete, decrease, or increase fees.
☐ Non-Graded	☐ Seminar	☐ Yes ☐ No	
☐ _____	☐ _____		

Prerequisite(s):

Course Description:

*Insert if modification is needed.

Proposal Submitted By:

Typed Name	Signature	Date

Department Chair:

Typed Name	Signature	Date

Chair, Curriculum Committee:

Typed Name	Signature	Date

Dean of School:

Typed Name	Signature	Date

***Please attach a copy of the course syllabus for new or modified courses. If additional room is needed please use another sheet.**