



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

COURSE APPROVAL/CHANGE FORM

All fields must be complete before submission to your school's Curriculum Committee.

Program: _____ Date: _____
 Course Title: _____ Effective Term: _____
 Subject: ____ Course #: ____ 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)

INACTIVATE Justification: _____

DEGREE WORKS	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 2022-2023) _____

APPROVALS	_____
	School Dean/Assignee(Associate Dean/Assistant Dean/Program Director)

Registrar USE ONLY: Academic Council _____ Added to Inventory _____ Distributed to Section Builder _____
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