



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.

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)

ADD/EDIT

INACTIVATE Justification: _____

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 2022-2023)

DEGREE WORKS

APPROVALS

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

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