

This form can be submitted by saving the form to your computer and then submitting the form as an attachment in an email to shp.academicaffairs@utmb.edu.

Please note the deadlines for submission of CUF forms to the SHP Curriculum Committee:

August 1st - Spring
 December 1st - Summer & D-Term (academic year)
 April 1st - Fall

Course Prefix: _____ Course Number: _____ Course Title: _____

Submitted: _____ Effective: * _____ * MyStar semester codes only. Click [here](#) to view semester codes.

Course Type: On Campus Course Off Campus Course Online/Web-based Hybrid
(Check all that apply. If more than one area is checked, then courses must be scheduled under separate sections so that online/distance fees are properly assessed.)

TYPE OF CHANGE REQUESTED:

Contact Hour Change (Complete Section 1 below)
 Course Repeatable (Complete Section 2 below)
 Course Term Offering Change (Complete Section 3 below)
 Other (Complete Section 4 below)

Please note: Title changes to courses will need to result in a new course request. Changes in credit hours will affect the course number, and will also require a new course request.

SECTION 1: Contact Hour (Per Semester) Change:

Lecture hours: From: _____ To: _____ Laboratory hours: From: _____ To: _____ Ratio: _____
 Clinical hours: From: _____ To: _____ Independent Study hours: From: _____ To: _____
 Conference, discussion or seminar hours: From: _____ To: _____

SECTION 2: Course Repeatable?

Can this class be repeated for credit?
 Yes No If yes, how many times? _____

SECTION 3: Course Term Offering Change: (Recommended by Enrollment Services to be offered all terms)

Term(s) Previously Offered: Spring Summer Fall All Terms
 Term(s) To Be Offered: Spring Summer Fall All Terms

SECTION 4: Other Change:

Other change (minimum or maximum number of enrolled students, type of facility required, grading system, etc.)

Item(s) to be changed:

**School of Health Professions
Course Change Form
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Course Prefix: _____ Course Number: _____

This course replaces
or combines:

Course description:

Justification and/or
Rationale for
Change:

Will any laboratory or incidental fees be submitted for approval in conjunction with this course? Yes No
(Please note that all laboratory & incidental fees must be submitted to the Office of Academic & Student Affairs for submission through the appropriate channels)

Approved:

Department Chairperson

Date

Curriculum Committee Chairperson

Date

Associate Dean of Academic & Student Affairs

Date