

**School of Health Professions
New Course Form**

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 (finalized) to the Office of Academic & Student Affairs:

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

Course Prefix: _____ Course Number: _____ Submitted: _____ Effective: * _____
(4 Digits) * 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.)

Abbreviated Course Title: _____
(Maximum 30 Characters)

Full Course Title: _____

Credit hours if fixed credit course: _____

If variable credit course: Minimum credit: _____ Maximum credit: _____

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

Primary Grading System: Pass/Fail Grading System A-F Grading System

Secondary Grading System: Pass/Fail Grading System A-F Grading System
(Requires separate section)

Contact Hours: Lecture hours per semester: _____
Laboratory hours per semester: _____ Ratio: _____
Conference, discussion or seminar hours per semester: _____
Clinical hours per semester: _____
Independent study: _____

Minimum enrollment: _____ Maximum enrollment: _____

Facilities Required: Classroom Laboratory Conference No Campus Facilities Required

Terms Offered: _____ First Year Offered: _____ First Term Offered: _____

Laboratory fee: _____

Please submit new laboratory fees using the Fee Request Form to Academic & Student Affairs for processing.

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Course Prefix: _____

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(4 Digits)

Course Description:

Justification and/or
Rationale for
Change:

Approved:

Signature of Department Chairperson

Date

Curriculum Committee

Date

Signature of Academic & Student Affairs

Date