



School of Health Professions
Course Inactivation 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.

[ ] Inactivate

Check One:

[ ] Delete

Date Submitted: \_\_\_\_\_

[ ] Reactivate

Effective Date: \*

\* MyStar semester codes only.
Click here to view semester codes.

Course Prefix: \_\_\_\_\_

Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Notes:

Approved:

Signature of Department Chairperson Date

Curriculum Committee Date

Signature of Academic & Student Affairs Date