IMPORTANT: This syllabus form should be submitted to OAA (gsbs_academic_affairs@uth.tmc.edu) a week before the start of each semesster.

NOTE to STUDENTS: If you need any accommodations related to attending/enrolling in this course, please contact one of the Graduate School's 504 Coordinators, Cheryl Spitzenberger or Natalie Sirisaengtaksin. We ask that you notify GSBS in advance (preferably at least 3 days before the start of the semester) so we can make appropriate arrangements.

Term and Year Course Number and Course Title: GS02 1021: Credit Hours: Meeting Location: Building/Room#: respective clinic areas WebEx/Zoom Link:	Program Required Course: Yes No Approval Code: Yes No (If yes, the Course Director or the Course Designee will provide the approval code.) Audit Permitted: Yes No Classes Begin: Classes End: Final Exam Week:
Class Meeting Schedule	
Day	Time
Course Director Name and Degree: Title: Department: Institution: UTH MDACC Email Address: Contact Number: Course Co-Director/s: (if any) Name and Degree: Title: Department: Institution: UTH MDACC Email Address: Contact Number:	Instructor/s (Use additional page as needed) 1. Name and Degree Institution: Email Address: 2. Name and Degree Institution: Email Address: 3. Name and Degree Institution: Email Address 4.
NOTE: Office hours are available by request. Please email me to arrange a time to meet.	Name and Degree Institution: Email Address

Teaching Assistant: (if any)	Cont. Instructor/s
Name and Email Address	5. Name and Degree
Name and Email Address	Institution: Email Address
Course description:	
Textbook/Supplemental Reading Materials (if any)	
• N/A	
•	
•	
•	
Course Objective/s: Upon successful completion of this course, students w	rill
Specific Learning Objectives:	
1.	
2.	
3.	
4.	
5.	

Student responsibilities and expectations	:	

Grading System: Letter Grade (A-F)	Pass/Fail		
Student Assessment and Grading Criteria: (May include the following:)			
Homework (%)	Description		
Quiz (%)	Description		
Presentation (%)	Description		
Midterm Exams (%)	Description		
Final Exam (20 %)	Description		
Workshop or Breakout-Session (%)	Description		
Participation and/or Attendance (%)	Description		

CLASS SCHEDULE

Day/Date	Duration (Hr)	Lecture Topic	Lecturer/s

	* * * *	

Instructors, cont.

- 6. Name and Degree: Surendra Prajapati, PhD
 Institution: University of Texas MD Anderson Cancer Center
 Email Address: sprajapati1@mdanderson.org
- 7. Name and Degree: Samantha Simiele, PhD Institution: University of Texas MD Anderson Cancer Center Email Address: sjsimiele@mdanderson.org
- 8. Name and Degree: Yana Zlateva, PhD
 Institution: University of Texas MD Anderson Cancer Center
 Email Address: yzlateva@mdanderson.org