

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

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 Spitzengerger 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.

<p>Term and Year</p> <p>Course Number and Course Title: GS02 1021:</p> <p>Credit Hours:</p> <p>Meeting Location:</p> <p>Building/Room#: <i>respective clinic areas</i></p> <p>WebEx/Zoom Link:</p>	<p>Program Required Course: Yes No</p> <p>Approval Code: Yes No</p> <p>(If yes, the Course Director or the Course Designee will provide the approval code.)</p> <p>Audit Permitted: Yes No</p> <p>Classes Begin:</p> <p>Classes End:</p> <p>Final Exam Week:</p>
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Class Meeting Schedule

Day	Time

<p>Course Director</p> <p>Name and Degree:</p> <p>Title:</p> <p>Department:</p> <p>Institution: <i>UTH MDACC</i></p> <p>Email Address:</p> <p>Contact Number:</p> <p>Course Co-Director/s: (if any)</p> <p>Name and Degree:</p> <p>Title:</p> <p>Department:</p> <p>Institution: <i>UTH MDACC</i></p> <p>Email Address:</p> <p>Contact Number:</p> <p>NOTE: Office hours are available by request. Please email me to arrange a time to meet.</p>	<p>Instructor/s (Use additional page as needed)</p> <p>1.</p> <p style="padding-left: 20px;">Name and Degree</p> <p style="padding-left: 20px;">Institution:</p> <p style="padding-left: 20px;">Email Address :</p> <p>2.</p> <p style="padding-left: 20px;">Name and Degree</p> <p style="padding-left: 20px;">Institution:</p> <p style="padding-left: 20px;">Email Address :</p> <p>3.</p> <p style="padding-left: 20px;">Name and Degree</p> <p style="padding-left: 20px;">Institution:</p> <p style="padding-left: 20px;">Email Address</p> <p>4.</p> <p style="padding-left: 20px;">Name and Degree</p> <p style="padding-left: 20px;">Institution:</p> <p style="padding-left: 20px;">Email Address</p>
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Teaching Assistant: (if any) Name and Email Address Name and Email Address	Cont. Instructor/s 5. Name and Degree Institution: Email Address
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Course description:

Textbook/Supplemental Reading Materials (if any)

- N/A
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Course Objective/s:

Upon successful completion of this course, students will

Specific Learning Objectives:

- 1.
- 2.
- 3.
- 4.
- 5.

Student responsibilities and expectations:

