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: Credit Hours: Meeting Location: Building/Room#: 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:
 	
 NOTE: Office hours are available by request. Please email me to arrange a time to meet.
	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.
	   Name and Degree
	
	   Institution:
	
	  Email Address:

Teaching Assistant: (if any)	**Cont. Instructor/s**

Name and Email Address
 	
Name and Email Address
	5.
	  Name and Degree
	  Institution:
	  Email Address

Course description:

Textbook/Supplemental Reading Materials (if any)

-
-
-
-

Course Objective/s:
Upon successful completion of this course, students will

*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 (%)	Description
Workshop or Breakout-Session (%)	Description
Participation and/or Attendance (%)	Description

CLASS SCHEDULE

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

NOTE: **Provide other class information as needed.**

jal/04.21