

**IMPORTANT:** This syllabus form should be submitted to OAA ([gsbs\\_academic\\_affairs@uth.tmc.edu](mailto: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><b>Term and Year</b></p> <p>Course Number and Course Title:</p> <p>Credit Hours:</p> <p>Meeting Location:</p> <p>Building/Room#:</p> <p>WebEx/Zoom Link:</p>	<p>Program Required Course:      Yes      No</p> <p>Approval Code:      Yes      No</p> <p><b>(If yes, the Course Director or the Course Designee will provide the approval code.)</b></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><b>Course Director</b></p> <p>Name and Degree:</p> <p>Title:</p> <p>Department:</p> <p>Institution:      <i>UTH</i>      <i>MDACC</i></p> <p>Email Address:</p> <p>Contact Number:</p> <p><b>Course Co-Director/s:</b> (if any)</p> <p>Name and Degree:</p> <p>Title:</p> <p>Department:</p> <p>Institution:      <i>UTH</i>      <i>MDACC</i></p> <p>Email Address:</p> <p>Contact Number:</p> <p><b>NOTE:</b> Office hours are available by request. Please email me to arrange a time to meet.</p>	<p><b>Instructor/s</b> (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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<b>Teaching Assistant:</b> (if any)  Name and Email Address  Name and Email Address	<b>Cont. Instructor/s</b>  5. Name and Degree Institution: Email Address
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**Course description:**

**Textbook/Supplemental Reading Materials** (if any)

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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:**

<b>Grading System:</b> Letter Grade (A-F) Pass/Fail	
<b>Student Assessment and Grading Criteria :</b> (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
		Test Adaptation and Validation for Measurement of Neurocognitive Abilities Across Language	
		Discriminating $\alpha$ -synuclein strains in Parkinson's disease and multiple system atrophy: PMCA.	
		Dementia in People with Intellectual and Developmental Disabilities, including Down Syndrome	

		Genetics of deep learning-derived neuroimaging endophenotypes for Alzheimer's disease.	
		Infection-induced inflammation as a potential trigger of Alzheimer's disease pathology.	
		Strategies to improve dental health in elderly patients with cognitive impairment: A systematic review.	

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