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 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:	Program Required Course: Yes No			
Course Number and Course Title:	Approval Code: Yes No			
Credit Hours:	(If yes, the Course Director or the Course			
Meeting Location:	Designee will provide the approval code.)			
Building/Room#:	Audit Permitted: Yes No			
WebEx/Zoom Link:	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:	Instructor/s (Use additional page as needed) 1. Name and Degree: Institution: Email Address : 2. Name and Degree: Institution: Email Address :	
Title: Department: Institution: UTH MDACC Email Address: Contact Number: Office Hours:	 3. Name and Degree: Institution: Email Address: 4. Name and Degree: Institution: Email Address: 	

Class Meeting Schedule (Continued from previous page):

Day	Time	
02/07/2023	2-3:45pm	
02/14/2023	2-3:45pm	
02/21/2023	2-3:45pm	
02/28/2023	2-3:45pm	
03/07/2023	2-3:45pm	

Instructors (continued from previous page):

5. Name and Degree: Akihiko Urayama, PhD Institution: McGovern Medical School

Email Address: <u>Akihiko.Urayama@uth.tmc.edu</u>

- Name and Degree: Bhanu P. Ganesh, PhD Institution: McGovern Medical School Email Address: <u>Bhanu.P.Ganesh@uth.tmc.edu</u>
- Name and Degree: Zhen Xu, PhD
 Institution: McGovern Medical School
 Email Address: <u>Zhen.Xu@uth.tmc.edu</u>
- Name and Degree: Rodrigo Morales, PhD
 Institution: McGovern Medical School
 Email Address: <u>Rodrigo.MoralesLoyola@uth.tmc.edu</u>

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

Student responsibilities and expectations: *(See example below.* **NOTE:** *Delete the written example once you input your information in this field.*

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 [Hour(s) taught by lecturer]	Lecture Topic	Lecturer/s

NOTE: Provide other class information as needed.