

**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><b>Course Number and Course Title:</b>  <b>Introduction to Circadian Biology</b></p> <p><b>Credit Hours:</b></p> <p><b>Meeting Location:</b></p> <p><b>Building/Room#:</b></p> <p><b>WebEx/Zoom Link:</b></p>	<p><b>Program Required Course:</b>    <b>Yes</b>    <b>No</b></p> <p><b>Approval Code:</b>    <b>Yes</b>    <b>No</b></p> <p>(If yes, the Course Director or the Course Designee will provide the approval code.)</p> <p><b>Audit Permitted:</b>    <b>Yes</b>    <b>No</b></p> <p><b>Classes Begin:</b></p> <p><b>Classes End:</b></p> <p><b>Final Exam Week:</b></p>
---	--

**Class Meeting Schedule**

Day	Time

<p><b>Course Director</b>  Name and Degree:  Title:  Department:  Institution:    <i>UTH</i>    <i>MDACC</i>  Email Address:  Contact Number:</p> <p><b>Course Co-Director/s:</b> (if any)  Name and Degree:  Title:  Department:  Institution:    <i>UTH</i>    <i>MDACC</i>  Email Address:  Contact Number:</p> <p><b>Office Hours:</b></p>	<p><b>Instructor/s</b> (Use additional page as needed)</p> <p>1. Name and Degree:  Institution:  Email Address :</p> <p>2. Name and Degree:  Institution:  Email Address :</p> <p>3. Name and Degree:  Institution:  Email Address:</p> <p>4. Name and Degree:  Institution:  Email Address:</p>
--	--

<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:
---	--

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

