

The University of Texas Health Science Center at San Antonio School of Medicine  
Course Approval Form

Name	HSC Identification #
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I. COURSE TO BE ADDED: (All information MUST be provided)

Academic Year (Example: 2015-2016)	Period
Dates	Start End
UTHSCSA Course Prefix, Number and Name	
UTHSCSA Course (Check One)	<input type="checkbox"/> 4000 Special Topics <input type="checkbox"/> 7000 Away Rotation

II. DOCUMENTATION (Attach course description and documentation confirming appointment from off-site institution. Approval will not be granted without this documentation.)

Off Site Instructor (Name & Title)	
Off Site Institution Name	
Mailing Address	
Area Code & Telephone Number	

III. STUDENT ADDRESS/TELEPHONE NUMBER: (Address/telephone number where you can be reached during this time period)

Address	
City/State/Zip Code	
Telephone Number	

IV. COURSE DESIGNATION: (To be completed by UTHSCSA Sponsoring Department):

The above course will be used to satisfy (Check One)	<input type="checkbox"/>	Ambulatory Selective	<input type="checkbox"/>	Inpatient Selective	<input type="checkbox"/>	Elective
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V. APPROVAL SIGNATURES:

This course described above meets the criteria of the department. I will submit an appropriate grade at the proper time.

Date	Student Authorized Signature
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Date	Sponsoring UTHSCSA Department Authorized Signature
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Date	Associate Dean, Undergraduate Medical Education
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