



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
4301 JONES BRIDGE ROAD BETHESDA, MARYLAND 20814-4799



The Office of the University Registrar
New or Revised Academic Course Form

Please select one:

This is a new academic course

This is a revision to an existing academic course

New Academic Course Section: All 12 questions below + curricular approval signature are required. All fields must be completed in order to be processed. Contact curriculum-ggg@usuhs.edu if you have questions before/while completing this section.

1) Offering Department/Program: _____

2) Course Title (80 character maximum): _____

3) Recommended Course Prefix (4 letters): _____

4) Recommended Course Number (4 digits): _____

5) Effective Academic Year: _____ 6) Effective Semester/Session: _____

7) Is this course a required course for degree/graduation completion? **Yes** **No**

If yes, (a) which academic program/degree is this course a degree/graduation requirement? _____

(b) does this course replace a previous course requirement?

No

Yes If yes, what is the original Course Number being replaced: _____

8) Are students in another USUHS school/college eligible to enroll in this course? **Yes** **No**

9) How many semester credits is this course being offered for: _____

(a) If this course is being offered for 'variable credits', please indicate the semester credit range: _____

10) Is the course repeatable for credit? **Yes** (earns additional credit & quality points)

No (earned hours don't change & GPA reflects the most recent grade)

11) If this course is a School of Medicine MD course, is this course available for Honors? **Yes** **No** N/A

12) Course Description (This description will match what is listed in the course catalog- reference the current [Course Catalog](#) for course description examples. It is not a syllabus. Keep description to 60 words):

Dean or Dean's Designee Approval: _____ Date: _____

Revision to Existing Course Section: All 9 questions below + curricular approval signature are required. All fields must be completed in order to be processed. Contact curriculum-ggg@usuhs.edu if you have questions before/while completing this section.

Reference the current [Course Catalog](#) for current course information.

- 1) Offering Department/Program: _____
 2) Current Course Title: _____
 3) Current Course Prefix: _____ 4) Current Course Number: _____
 5) Current Semester Credits (or variable range): _____
 6) Change Effective Academic Year: _____ 7) Change Effective Semester/Session: _____

8) Please indicate which of the following is/are being revised:

Course Title	Course #	Semester Credit Amount
Degree/Graduation Requirement	Course Description	Other (explain below)

9) Please outline the specific revision(s) being made as indicated above:

Current Course Title:	New Course Title:
Current Course Number:	New Course Number:
Current Credit Amount:	New Semester Credit Amount:
Old Degree/Graduation Requirement:	New Degree/Graduation Requirement:
New Course Description:	

Additional Detail:

Dean or Dean's Designee Approval: _____ **Date:** _____

****This form must be submitted by email to the Assistant Vice President of Academic Records at curriculum-ggg@usuhs.edu.**

- All changes using this form must be submitted for the current or future academic semesters. Revisions to courses in previous academic terms must be submitted separately, through a signed Dean's memorandum to the Assistant Vice President of Academic Records.
- All appropriate persons will be notified by email when a change has been processed by the OUR. A copy of this completed form will be kept on record in OUR and used to update the University Catalog.

Please submit this form completed and signed. Incomplete forms will not be processed.

OUR Process Date in SIS: _____ OUR Process Date in Catalog: _____