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

Name		HSC	Identification	#		
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)		400) Special Topic	s	7000 A	way 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/	elepho	ne number where	you can b	e reached dur	ing 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 (Che	ck One)		Ambulatory Selective		Inpatient Selective	Elective
V. APPROVAL SIGNATURES:						
This course described above meets the criteria of the department. I will submit an appropriate grade at the proper time.						
Date	ent Autho	rized S	ignature			
Date	soring UT	HSCSA	Department Au	uthorized	Signature	
	-					
Date	ciate Dear	ı, Und	ergraduate Med	lical Educ	ation	