



**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:

**New Academic Courses Section:**

Offering Department/Program: \_\_\_\_\_  
Course Title (80 Character Maximum): \_\_\_\_\_  
Course Prefix (4 letters): \_\_\_\_\_ Course Number (4 digits): \_\_\_\_\_  
Effective Term: \_\_\_\_\_ Effective Academic Year: \_\_\_\_\_

Is this course a required course for degree/graduation completion?

If yes, which academic program is this course a degree/graduation requirement? \_\_\_\_\_

If yes, does this course replace another course requirement?

If selected yes above, what is the Course Number being replaced: \_\_\_\_\_

Are students in another USUHS school/college eligible to enroll in this course?

Course Description (This description will match what is listed in the course catalog. It is not a syllabus.

Keep description to 60 words):

How many semester hour/credits (SH) is this course being offered for: \_\_\_\_\_

If this course is being offered for 'variable credits', please indicate the SH credit range: \_\_\_\_\_

Is the course repeatable for credit?

Is this course an online distance learning course?

Will this course be using the LMS?

Is this course a Pass/Fail only course?

If this course is a School of Medicine MD course, is this course available for Honors?

**Dean or Dean's Designee Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Revision(s) to Course Section:**

Offering Department/Program: \_\_\_\_\_

Change Effective Semester or Date: \_\_\_\_\_

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

Please outline the specific revision(s) being made:

Old Course Title: _____	New Course Title: _____
Old Course Number: _____	New Course Number: _____
Old Sem Cr. Amt.: _____	New Sem Cr. Amt.: _____
Old Use of LMS: _____	New Use of LMS: _____
Old Grading Criteria: _____	New Grading Criteria: _____
Old Degree Requirement: _____	New Degree Requirement: _____

Additional detail:

**Dean or Dean's Designee Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**\*\*This form must be submitted by email to the Assistant Vice President of Academic Records.**

1. 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 Office of the University Registrar (OUR).
2. Typical processing times once the completed form is received by the OUR, is 7 business days.
3. 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.

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