

UConn HEALTH

Office of the Registrar

Course Creation and Revision Form

MD, DMD, and DERE Careers only

Date of approved Minutes: _____ Career: DERE DMD MD

Subject (e.x. EXPL/BSCI): _____ Catalog Number (e.x. 8111/9111 leave blank if new course): _____

Course Title (limit 100 characters with spaces): _____

Course short title (limit 30 characters with spaces): _____

Course Description:

Minimum Units: _____ Maximum Units: _____

Course repeat for credit: Yes No If course repeat for credit, maximum units allowed: _____

Total completions allowed: _____ Allow multiple course enrollment in the same term: Yes No

Course attributes (select all that apply): D1 D2 D3 D4 M1 M2 M3 M4

Will this course ever span more than one term (2 terms or more terms is a longitudinal course): Yes No

Is this course cross-listed with another school: Yes No School: _____

Course Component (select only one):

Administrative	Clerkship	Clinical	Discussion	Dissertation Research
Field Studies	Independent Study	Laboratory	Lecture	Lecture – Stand Alone
Practicum	Pre-Lab Discussion	Research	Seminar	Special Readings
Team Based Learning	Thesis Research	Tutorial		

Total enrollment per section: _____

Is this course required for graduation: Yes No Credits required for graduation: _____

Start date of course: _____

Additional Information: _____

Submitted by: _____ Date: _____

Please return this completed form and attach the approved minutes to rstraub@uchc.edu.