

The University of Texas MD Anderson Cancer Center UTHealth
Graduate School of Biomedical Sciences
Request for Approval of a *Special Project: Course (GS00 1610)*

Part I: To be completed by student:

Student Name (type or print)

Semester/Year

Degree program: ☐ Ph.D. ☐ M.S. only ☐ Non-Degree

Part II: To be completed by Course Director:

Course title

Course Director (print name and sign)

Date

Course description:

For all other special courses, describe the course content and objectives:

Course hours: Total number of weeks: lecture hours/week: lab hours/week:

Grading: The grade, either ☐ letter grade or ☐ pass/fail, will be determined by: ☐ midterm exam;
☐ final exam; ☐ written report; ☐ oral report; ☐ other.

Approved, Advisor (print name and sign)

Date

Approved credit hours
12/18

Signature of Associate Dean of Graduate Education

Date