TEXAS HIGHER EDUCATION REGIONAL COUNCIL
OFF-CAMPUS INSTRUCTIONAL PLAN FOR 2013-2014

Institution Name University of Texas Southwestern Medical Center						Regional Council Name: Region 3			
MHERC Contact Person: Raul Caetano, M.D.				Email Address: Raul.caetano@utsouthwestern.edu			Phone: 214 – 648 - 1500		
Program title and degree designation (where applicable)	Course(s) ACGM Prefix and Number	[C] [NC]$_1$	[C] [N] [D]$_2$	Percent delivered$_3$	Delivery type$_4$	Delivery location, course day/time. For clinical, list site name and address. Highlight clinical locations added since last report.	Responsible College$_5$	Permission received via email or letter from service area college	College contact person (name, email and/or phone): 1.For clinical arrangements 2. For class arrangements
No programs to report as of 02/2013									

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1 Credit [C] or Non-Credit [NC]
2 Current offering [C], New offering in upcoming year [N], Deleted offering for upcoming year [D]
3 Percent delivered via distance ed. or at off- campus location
4 Type of Delivery (Internet, Video, Videoconference, Face-to-face, etc)
5 Institution responsible for instruction in geographic area