### Course Request Form

**School of Medicine**

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| --- | --- |
| Effective Date:  |  |
| Academic Year:  |  |
| Semester(s) Course Offered: (Spring/Fall) |  |
| Academic Program: (i.e. MD, MD/PhD) |  |
| Course Level:(i.e. Med Yr 1, PhD Yr 3, AS) |  |
| Course Subject: |  |
| Course Name:  |  |
| Course Number: (assigned by OSA) |  |
| Course Description: (Goals, methods of teaching, number of patients seen, supervision level) |  |
| Elective Type: (A, B1, B2, C) |  |
| Prerequisites: |  |
| Course Coordinator:  |  |
| Faculty (with PS ID#s and Instructor Roles designated); Course Coordinator, Primary Instructor, etc. |  |
| Department: |  |
| Sites Available: |  |
| Months Offered: |  |
| Number of Students/Month: |  |
| Number of Weeks Offered:(2 wks or 4 wks) |  |
| Minimum # of Credits:  |  |
| Maximum # of Credits:  |  |
| How is Course Graded : (Credit or O, AEP, EP) |  |
| Can course be repeated for Credit? |  |
| If yes, how many times  |  |
| If yes, maximum # of Credits:  |  |
| Course Start Date:  |  |
| Course End Date:  |  |
| Course Type: (Lecture, Lab, Clinical, Research, Seminar, etc.) |  |
| Meeting Day(s):  |  |
| Meeting Time:  |  |
| Maximum Enrollment:  |  |
| Minimum Enrollment:  |  |
| Does Course have a final exam?  |  |
| Will course be fed to BB Learn? |  |
| Electives Offered To: (UMass, Visiting, International) |  |

**Submitted by:**

Name: Date:

Email: Telephone:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Final Approval: Course has been created as specified in request.**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email completed form to Debra.Leger@umassmed.edu , Office of Student Affairs S1-131