DIVISION OF GRADUATE MEDICAL SCIENCES
BOSTON UNIVERSITY SCHOOL OF MEDICINE
NEW COURSE PROPOSAL FORM

Submission by (Dept/Program): _____

A. Fall ◯ Spring ◯ Fall and Spring ◯

Summer I ◯ Summer II ◯ First Year Offered: _____

B. Days and times of Course: _____

C. Class Room Requirement: A/V: ◯YES ◯NO
Number of Seats _____

D. Registration: WebReg YES ◯ NO ◯
**Please check NO if registration needs to be closely monitored and controlled.*
Enrollment Limit _____

E. Title: _____

F. Short Title: _____ (max. 15 characters)

G. Course Description: NOTE: This description is used for the GMS Bulletin and in other listings.

H. Overlapping Course(s) in GMS/BU: ◯ YES
**If YES, provide detailed information regarding overlapping course and how proposed course relates.*
◯ NO

I. Rational for the new course (Please include comments on how the new course fits into current GMS Program(s))

J. Prerequisites:

- ☐ Class Standing _____
- ☐ Consent of Instructor
- ☐ Courses: _____
- ☐ Other (please describe)

_____

K. Credit Hours: _____ credit hours

☐ Variable credit hours _____

L. Course Manager: Full Name: _____

BU ID#: _____

Full Name: _____

BU ID#: _____

Full Name: _____

BU ID#: _____

Full Name: _____

BU ID#: _____

Full Name: _____

BU ID#: _____

Full Name: _____

BU ID#: _____

M. Course Number: GMS/___ ___/___ ___ ___

NOTE: Course number will be assigned by GMS. Course Number requests will be considered upon availability.

CHECKLIST OF REQUIRED DOCUMENTS FOR NEW COURSE PROPOSAL:

☐ Detailed syllabus with lecture topics, assigned readings, and description of how the students will be evaluated (letter grades, pass/fail), days and times of meetings

☐ Letters from Chairs with cognate courses in relevant departments/programs and Departmental Curriculum Committee if appropriate

☐ Instructor CVs

SIGNATURE PAGE

TITLE of Course: _____

Requested by: _____

Chair/Program Director Signature: _____

Date: _____

Contact person for questions/notification regarding this proposal:

Name: _____ Telephone: _____

E-Mail: _____

COMMITTEE APPROVALS:

Academic Policy Committee: _____ Date: _____

Chair, APC

◯ Approved

◯ Provisional Approval for Semester

◯ Tabled

◯ Not Approved

Associate Provost of the Division of Graduate Medical Sciences:

_____ Date: _____

◯ Approved

◯ Not Approved: _____

COMMENTS:

PLEASE SUBMIT COMPLETED NEW COURSE PROPOSAL FORM AND REQUIRED DOCUMENTS TO :

HEE-YOUNG PARK (hypark@bu.edu or L-315)