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DIVISION OF GRADUATE MEDICAL SCIENCES

BOSTON UNIVERSITY SCHOOL OF MEDICINE

**COURSE REVISION PROPOSAL FORM**

|  |  |
| --- | --- |
| **Submission by (Dept/Program):** |  |

**Please complete the following with the current course information:**

|  |  |
| --- | --- |
| **Course Number:** |  |
| **Course Title:** |  |
| **Course Manager:** |  |
| **Prereq:** |  |
| **Credit Hours:** |  |
| **Semester Offered:** |  |  | **Day(s):** |  |  | **Time:** |  |
|  |  |
| **Course Description:** |  |
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**REQUESTED CHANGE: Please indicate the change(s) you would like made.**

|  |  |  |
| --- | --- | --- |
|  | **Course Number:** |  |
|  | **Course Title:** |  |
|  | **Course Manager:** |  |
|  | Please list any new instructors and their BU ID#s: |
|  |  |
|  |  |
|  |  |
|  | **Prereq:** |  |
|  | **Credit Hours:** |  |
|  | **Semester Offered:** |  |  | **Day(s):** |  |  | **Time:** |  |
|  |  |  |
|  | **Course Description:** |  |
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**REASON FOR CHANGE(S): The APC will only consider requested changes with concise justification.**

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**SIGNATURE PAGE**

**Please provide the following information in case of questions:**

|  |  |
| --- | --- |
| **Date:** |  |
| **Requested By (individual’s name):** |  |
| **Email:** |  |
| **Telephone:** |  |
| **Chair/Program Director Signature:** |  |

**APPROVAL OF COURSE REVISION(S): For APC and Division Office use only.**

**Academic Policy Committee**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature, Chair of APC |  | Date |

 Approved

 Provisional Approval for Semester

 Tabled

 Not Approved

Comments:

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**Division of Graduate Medical Sciences**

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| --- | --- | --- |
|  |  |  |
| Signature, Associate Provost of GMS |  | Date |

Approved

 Provisional Approval for Semester

 Tabled

 Not Approved

Comments:

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| --- |
|  |

***Please submit completed Revision of Course Revision Proposal Forms and required documents to***

***Hee-Young Park (******hypark@bu.edu*** ***or L-315).***