**DIVISION OF GRADUATE MEDICAL SCIENCES
BOSTON UNIVERSITY SCHOOL OF MEDICINE**

**NEW COURSE PROPOSAL FORM**

**Please check and submit the following documents together for all new course proposals:**

 Completed New Course Proposal Form

 Letter of Support from Cognate Department Chair or Program Director

 Course Syllabus

 CV of Course Manager(s) and Instructor(s)

***Please submit the above documents together to Dr. Hee-Young Park (******hypark@bu.edu******). Incomplete proposals will not be reviewed by the Academic Policy Committee.***

**SUBMITTED BY:**

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| **GMS Department/Program:** |  |
| **Name:** |  | **Date:** |  |
| **Email:** |  | **Telephone:** |  |
| **Department Chair/Program Director Signature:** |  |
| **COURSE INFORMATION:** |
| **Title of Course:** |  |
| **Short Title for Transcript** *(max. 15 characters)***:** |  |
| **Course Manager:** |  | **BU ID:** |  |
|  | Please list all other Course Manager(s) and/or Instructors (Name, BU ID#): |
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| **Prerequisite(s):** |  |
| **Credits:** |  | *(1 credit = 1 hr lecture/week/semester or 1.5 hr lab/week/semester)* |
| **Course Description:** |  |
| **SCHEDULING INFORMATION:** |
| **1st Year Offered:** |  | **Semester:** |  Fall Spring Summer I Summer II |
| **Day of Week:** |  Monday Tuesday Wednesday Thursday Friday |
| **Course Start Time:** |  | **Course End Time:** |  |  | **Class Location:** |  BUMC CRC |
| **Enrollment Limit:** |  | **Are students allowed to register online?** |  YES NO |
| **Classroom Requirements:** |  LCD Screen Computers  | **Is set-up assistance needed?** YES NO |
| **Proposed Course Number:** | GMS |  |  |  | **Is this course repeatable?** | YES | NO |

**RATIONALE FOR NEW COURSE: The APC will only consider new courses with concise justification. Please include comments on how the new course will fit into current GMS program(s).**

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**Are there any existing courses within GMS or BU that overlap with this course? YES NO**

**If YES, please provide detailed information about the overlapping course, as well as how the two courses are related but different.**

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**How will this course be evaluated (i.e. Qualtrics, Blackboard, etc.)?**

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**COURSE APPROVAL**

***For APC and Division Office use only.***

**APC Approved**

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| Signature, Chair of APC |  | Date |

**DIVISION Approved**

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| Signature, GMS Associate Provost |  | Date |