**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***](mailto: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 |