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

**COURSE SYLLABUS FORM**

|  |  |
| --- | --- |
| **Course Name:** |  |

**Name Email**

**Course Director(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Please include responses to the following in as much detail as possible:***

1. **Course Description:**
2. **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)):**
3. **Are there any existing courses within GMS or BU that overlap with this course? YES NO**
   1. **If YES, please provide detailed information about the overlapping course, as well as how the two courses are related but different.**
4. **Learning Objectives:**
5. **Evaluation Method (must be an electronic survey such as Qualtrics, Blackboard Learn, or Survey Monkey):**
6. **Grades:**
7. **Letter Grades:**

|  |  |
| --- | --- |
| Letter | Numerical |
| A |  |
| A- |  |
| B |  |
| B+ |  |
| B |  |
| B- |  |
| C+ |  |
| C |  |
| C- |  |
| D |  |
| F |  |

**Criteria** (ex. Class participation, exams, etc.)

1. **Pass/Fail:**

|  |  |
| --- | --- |
|  | Numerical |
| Pass |  |
| Fail |  |

**Criteria** (ex. Class participation, exams, etc.)

1. **Lectures and/or Lab Schedule***Provide as detailed information as possible.  
   If Presenter/Lecturer is not identified, put TBD.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | BU Faculty | |
| Week | Topic | Presenter/Lecturer | Yes | No |
| 1 |  |  |  |  |
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| 16 |  |  |  |  |

1. **Reading Assignments:**
2. **CV of Instructor(s): Not required but may need to provide upon request by APC**

Updated 10.9.14