

**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

***Please submit the above documents together to Victoria Ha (***[***vha@bu.edu***](mailto:vha@bu.edu)***). Incomplete proposals will not be reviewed by the Academic Policy Committee.***

**SUBMITTED BY:**

**GMS Department/Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Chair/Program Director Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COURSE INFORMATION:**

**Title of Course:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Short Title for Transcript** *(max. 15 characters)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name BU ID Email**

**Course Director:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Instructors:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Contact Person  
for Emergency** (ie,   
cancellation due to   
inclement weather)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prerequisites:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credits:** \_\_\_\_\_\_\_\_\_\_ *(1 credit = 1 hr lecture/week/semester or 1.5 hr lab/week/semester)*

**ROOM SCHEDULING INFORMATION:**

**1st Year Offered:** \_\_\_\_\_\_\_\_\_ **Semester:** Fall Spring Summer I Summer II

**Please choose one:**

**Regularly Scheduled**

**Day of Week:** Monday Tuesday Wednesday Thursday Friday

**Class Start Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Class End Time:**  \_\_\_\_\_\_\_\_\_\_\_\_\_

**Arranged Schedule (ARR)** (i.e., class meeting days and times vary week to week)

**Class Location:**  BUMC CRC

**Classroom Requirements:** LCD Screen Computers

**Is set-up assistance needed?** YES NO

**REGISTRATION INFORMATION:**

**Enrollment Limit:** \_\_\_\_\_\_\_\_\_

**Are students allowed to register online?** YES NO

**Proposed Course Number:** GMS \_\_\_\_ \_\_\_\_\_\_

**Is this course repeatable?** YES NO

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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 |

Updated 6.28.16