**SCHOOL OF MEDICINE**

**GRADUATE / UNDERGRADUATE NEW COURSE SUBMISSION FORM**

Department: *Choose dept.*

Division: *Click here to enter division*

Course Short Title (100 characters):

Course Long Title (no restrictions): *Click here to enter proposed course title*

Course Director *Click here to enter course director name and department of his/her primary appointment*

Primary Instructors (3 max): *Click here to enter additional instructor names and email addresses*

Secondary Instructors *Click here to enter additional instructor names and email addresses*

[Course Administrator](http://med.stanford.edu/curriculum-management/roles-and-responsibilities/contacts.html) (\*required for MEDDPT courses): *Click here to enter administrator name and email*

**\*\* The department of the Course Director and Primary Instructor(s) receives tuition revenue for the course based on the** [**Tuition Revenue Sharing Model**](http://med.stanford.edu/tuition-revenue-sharing/about-the-model.html)**. The department of the Secondary Instructor(s) receives no tuition revenue\*\***

**MEETING, ENROLLMENT AND GRADING**

Quarter(s) Offered (check all that apply): Autumn [ ]  Winter [ ]  Spring [ ]  Summer [ ]

Beginning in: Enrollment limit: *Click to enter number*

Open to (check all that apply): MD students [ ]  Graduate students [ ]  Undergraduate students [ ]

Course Number Desired (if known) *Click to enter number*

Meeting dates differ from standard quarter? Yes [ ]  No [ ]

If yes, describe meeting pattern: (i.e. last 2 weeks of quarter, 8 Wednesdays beginning 2nd week, etc.)

Day(s) of class: Mon [ ]  Tues [ ]  Weds [ ]  Thurs [ ]  Fri [ ]  Sat [ ]  Sun [ ]

Meeting start time: *Click here to enter time* am[ ]  pm[ ]

Meeting end time: *Click here to enter time* am[ ]  pm[ ]

Grading Basis:

Units: Minimum *Choose an item.* Maximum *Click to enter max*

Primary Component Type: *Click to choose*

Secondary Component Type (if applicable): *Click to choose*

Repeat for credit? Yes [ ]  No [ ]

If yes, limit to number of enrollments allowed per student: *Click here to enter max enrollments.*

Prerequisites: *Click here to enter prerequisites*.

**COURSE DESCRIPTION**

A course description is a short, content-filled statement, published in the university bulletin and course catalog, which informs the students about the subject matter, approach, breadth and applicability of the course. A description should not exceed 100 words and simply provide students with what they need to know for planning their programs. The description is *not* a marketing piece and is *not* a syllabus. Further instruction for writing course descriptions can be found on the [Elements of a Course Record page](http://med.stanford.edu/curriculum-management/about/elements-of-a-course-record.html).

Please enter the course description below or send it in a separate attachment.

**APPROVALS**

Proposal will not be processed without all required signatures.

 Click here to enter text.

Course director signature Course director name (click above to enter)

 Click here to enter text.

Department chair signature Course director name (click above to enter)

 Click here to enter text.

Faculty sponsor signature\* Faculty sponsor name (click above to enter)

\****Faculty sponsor required if course director is not a member of Stanford University faculty.***

Today’s Date: *Click here to select date.* Preparer’s Name: *Click here to enter name*

Preparer’s Email: *Click here to enter email address*  Preparer’s Phone: *Click here to enter number*

**RETURN TO:**

Jessica Goudy, Associate Registrar - Courses

**Scan and email to** medregistrar@stanford.edu