**OFFICE OF MEDICAL EDUCATION**

**MEDICAL STUDENT REQUIRED COURSE SUBMISSION FORM**

Department: *Choose dept.*

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

**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.

Grading Basis:

Units: Minimum *Click to enter min* Maximum *Click to enter max*

\*Repeat for credit? Yes  No

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

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

Beginning in: *Choose an item.* Enrollment limit: *Click to enter number*

Course open to (check all that apply): 1st year students  2nd year students  Clinical students

Primary Component Type: *Click to choose*

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

Prerequisites if applicable *Click here to enter prerequisites*.:

**MEETING, ENROLLMENT AND GRADING**

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

If dates differ from standard quarter please specify schedule: Click here to enter text.

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

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

Course Director *Click here to enter course director name*

Primary Instructor(s) (3 max): *Click here to enter additional instructor name*

*Click here to enter additional instructor name*

*Click here to enter additional instructor name*

Secondary Instructors*Click here to enter additional instructor names*

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

**APPROVALS**

Proposal will not be processed without all required signatures.

Click here to enter text.

Course director signature Course director name

Click here to enter text.

Department chair signature Course director name

Click here to enter text.

Faculty sponsor signature\* Faculty sponsor name

CCAP Approval

\****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, School of Medicine Assistant Registrar- Courses

**Scan and email to** [medregistrar@stanford.edu](mailto:medregistrar@stanford.edu)