**SCHOOL OF MEDICINE**

# CROSS-LISTED COURSE SUBMISSION FORM

**CROSS-LISTING POLICY:** Owner/host of the course, along with host’s department chair or curriculum committee, authorizes the cross-list and receives agreement to cross-list from the recipient department. Cross-listing is considered particularly appropriate when the cross-listed course counts towards the degree for a student majoring in the receiving department or IDP and when it is considered appropriate that the student official transcript reflect the subject of the receiving department.

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OWNING DEPARTMENT/SCHOOL: DATE:

Cross-listing with a new or existing course? New Existing Course Number

Course Number (if an existing course):

RECEIVING DEPARTMENT/SCHOOL (and preferred course number(s)

COURSE TITLE:

COURSE DIRECTOR:

Name Department Email

PRIMARY INSTRUCTOR(S):

Name(s) & Department(s)

SECPNDARY INSTRUCTOR(S):

Name(s) & Department(s)

**\*\* 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\*\***

COURSE OPEN TO: Graduate Students Undergraduates MD Students

QUARTER(S) OFFERED: BEGINNING IN (academic year):

Aut Win Spr Sum 2018-19 2019-20

\*DAY(S): M T W Th F Sa Su \*TIME: to

**GRADING BASIS FOR MEDICAL SCHOOL OFFERING(S):**

Med Opt (+/- grading basis is the default. Non-medical students should select Regular Letter or Credit/No Credit)

MedSat/NC (+/- grading basis is the default. Non-medical students should select Regular Satisfactory/No Credit)

**GRADING BASIS FOR NON-MEDICAL SCHOOL OFFERING(S):** LTR LTR/SNC S/NC GSB LAW

**QUARTER UNIT(S):** Min Max

**PRIMARY COMPONENT TYPE**: Lecture Seminar Colloquium Lab

Workshop Practicum Independent Study

**SECONDARY COMPONENT TYPE (Optional):** Discussion Lab Section

**REPEAT FOR CREDIT:** (Student may enroll in course for credit multiple times.) No Yes **If yes, how many times may a student repeat?**

**COURSE DESCRIPTION:** (Attach a summary catalog description of up to 100 words if not an existing course. Include prerequisites)

Signature: Course Director Signature: Chair of Receiving Department

Signature: Chair of Owning Department

**Department Course Administrator send completed form to:** Jessica Goudy, [medregistrar@stanford.edu](mailto:medregistrar@stanford.edu)