**SCHOOL OF MEDICINE**

# STUDENT INITIATED COURSE (SIC) SUBMISSION FORM

# DATE:

DEPARTMENT: CATALOG NUMBER DESIRED (if known):

COURSE TITLE:

STUDENT COURSE DIRECTOR:

 Name (please print) Student ID #

 e-mail address Phone

OTHER STUDENT INSTRUCTOR(S)

 (Please include ID #s)

SPONSORING FACULTY MEMBER:

\*\*Department of Faculty Sponsor will receive tuition revenue\*\* Name (please print)

QUARTER OFFERED: \_\_ Aut \_\_ Win \_\_ Spr \_\_ Sum

ACADEMIC YEAR: \_\_\_\_2018-19 \_\_\_\_2019-20

DAY(S) (circle): M T W Th F Sa Su TIME: to a.m. p.m.

GRADING BASIS: S/NC UNIT(S): Enrollment Capacity (Maximum 20):

 (Maximum 2)

COMPONENT TYPE: Activity PREREQUISITES:

Course Description (for Peoplesoft/Explore Courses):

 Signature of Student Course Director Signature of Sponsoring SoM Faculty Member

**Return completed form to:** Associate Registrar – Courses, Jessica Goudy: medregistrar@stanford.edu

**To reserve a room for the course, contact** **medscheduler@stanford.edu**