**Request—New Elective course for MS3 and MS4 Students**

Please answer the following questions. Use additional space if needed.

|  |  |
| --- | --- |
| Title |  |
| Course Director(s) |  |
| Department |  |
| Description |  |
| Learning Objectives  [divide by competencies] | **--Medical Knowledge**  **--Synthesis and Application of Knowledge (e.g., Patient Care)**  **--Professionalism and Interpersonal Skills** |
| Educational Program Objectives (EPOs supported by this course) |  |
| Rationale/Need |  |
| Educational Methods |  |
| Activities/Schedule | [append a sample schedule if appropriate; include hours per week] |
| Plan for Formative Feedback |  |
| Assessment and Evaluation |  |
| NBME Exam? | YES/NO |
| Requirements for Successful Completion |  |
| Other Expected Learner Outcomes |  |
| Course Type | Acting Internship/2wk-Elective/4wk-Elective/Integrated Life Science/Special Programs (e.g., MSTP)  [select one] |
| Course Attributes | Clinical/Humanities/No-Prerequisites/Online-Remote/Research  [select all that apply] |
| Grading Scale | Satisfactory/Unsatisfactory  Or  Honors/High Satisfactory/Satisfactory/Low Satisfactory/Unsatisfactory |
| Extramural (away) | YES/NO |
| Available to Add/Drop | YES/NO |
| Permission to Add/Drop | Is special permission required to add/drop this course 4 weeks in advance?  YES/NO |
| Location for Course |  |
| Reporting Place/Time |  |
| Course Contact | [name/contact information—phone/email] |
| Departmental Medical Student Coordinator | [if different from above] |
| Preceptors/Faculty Associated with this Course |  |
| Periods Available | 1-12.5  [include weeks if 2-week: e.g., Periods 2, 4, and 6—only weeks 3-4 for all] |
| Maximum # of Students Per Period |  |
| Prerequisites |  |
| Visiting Students | YES/NO |
| International Students | YES/NO |
| Call required | YES/NO |
| Student contact hours per week |  |
| Available to lottery? | YES/NO |
| Date Submitted |  |