RETURN FORM TO:
Mike Belue
Volker Hall, Room 201G
(205) 934-3872 Office
mbelue@uab.edu

2016-2017 Request Form for New Special Topics Course

For courses offered in 1 week sequences

Enrollment Available For:

<table>
<thead>
<tr>
<th>Week</th>
<th>Dates</th>
<th>Offerings</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Aug 01 – Aug 7, 2016</td>
<td>MS-2 students only</td>
</tr>
<tr>
<td>7</td>
<td>Aug 8 – Aug 14, 2016</td>
<td>MS-2 students only</td>
</tr>
<tr>
<td>17</td>
<td>Oct 17 – Oct 23, 2016</td>
<td>MS-3 and MS-4 students</td>
</tr>
<tr>
<td>25</td>
<td>Dec 12 – Dec 18, 2016</td>
<td>MS-2 students only</td>
</tr>
<tr>
<td>44</td>
<td>April 24 – April 30, 2017</td>
<td>MS-3 and MS-4 students</td>
</tr>
</tbody>
</table>

For courses offered in 2 week sequences

Enrollment Available For:

<table>
<thead>
<tr>
<th>Weeks 6-7</th>
<th>Dates</th>
<th>Offerings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aug 01 – Aug 14, 2016</td>
<td>MS-2 students only</td>
</tr>
</tbody>
</table>

List the week and dates here if this Special Topic falls outside of the weeks listed above (note the dates must start on a Monday and end on a Sunday): ________________________________

3. Student Capacity:
   a. Will this course be a student self-designed experience?
      ___ YES.........Student Name(s): ________________________________
      ___ NO.........Proceed to part b
   b. If this course is for all students, how many students can be accommodated per offering?
      ___ MAXIMUM
      ___ MINIMUM
   c.

4. Prerequisites (list any clerkship, course and/or year in medical school required):
   ________________________________________________________________
   ________________________________________________________________

5. Evaluation of student performance is Pass/Fail based on the following methods, check all that apply:
   Quizzes
   Essay/Objective Tests
   Group Assignments
   Presentation
   Written Paper
   Project
   Independent Study
   Class Participation/Attendance
   Other: __________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

6. Facility and Location used for this course: ________________________________________________________________
7. Where will the student report on the first day? Building: _______________ Room: _______ Time: ________________

8. Course Description & Format (details of proposed course and student learning activities available):

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

9. Student Learning Objectives (what the student will get out of the course or be able to do at the end of the rotation):

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

10. Requirements of Student (Activities, Reading Materials, Conferences, Call Schedule, etc.) Note: A detailed schedule of activities are required for student-designed Special Topics and recommended for all Special topics)

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

10. Course Contact Information:

*A UAB SOM faculty member must serve as the Course Director. **The Co-Course Director is not required to be a UAB SOM faculty member and may be the off-site or international contact. The grade submission is done by the UAB SOM faculty or their appointed *Grade Contact.

*Course Director: __________________________________________
Address: ____________________________________________________
Phone: ( ) ______________ Email: ________________________________

**Co-Course Director (ONLY for off-campus/international courses):
Address: ____________________________________________________
Phone: ( ) ______________ Email: ________________________________

*Grade & Schedule Contact (Responsible for receiving and submitting grade forms, will also receive course roster):
Name: _______________________________________________________
Address: ____________________________________________________
Phone: ( ) ______________ Email: ________________________________

11. INTERNATIONAL LOCATION HAS BEEN APPROVED BY THE STUDY AWAY OFFICE:
Signature ___________________________________________ Date

Study Abroad Director (not require unless international travel is necessary) __________ Date

12. THIS COURSE IS STUDENT-DESIGNED BY:

Signature ___________________________________________ Date

Student (ONLY if student-designed) __________________________ Date

13. THIS FORM COMPLETED AND REVIEWED BY:
Course Directors: Before signing please realize that you are committing to the following duties. 1) Submitting a grade within 4 weeks of the student completing the course 2) If the course is re-occurring you must updating the course description with any changes by notifying scheduler@uab.edu. Changes are submitted in January for the upcoming academic year.

Signature ___________________________________________ Date

Course Director (MUST be a UAB SOM faculty member) __________________________ Date

Signature ___________________________________________ Date

Department Chairman (ONLY if faculty-designed) _______________ Date

*** RETURN TO MIKE BELUE TO ROUTE FOR APPROVAL AFTER OBTAINING ABOVE SIGNATURES ***

14. THIS COURSE IS APPROVED BY (signature):
Associate Dean for UME (Dr. Kevin Leon) _________________________ Date

& (Signature) ____________________________ Date

Senior Associate Dean for Medical Education (Dr. Craig Hoesley) __________________________ Date