

## 2022-2023 Request Form for New Clinical Course

Submit no later than 30 days prior to the first day of the proposed course.

**RETURN FORM TO:**

Mike Belue  
Undergraduate Medical Education  
mbelue@uab.edu

<b>COURSE NAME</b>	
<b>DEPARTMENT</b>	
<b>CAMPUS</b>	
<b>COURSE TYPE</b>	
***Acting Internships can only be built in consultation with the Associate Dean for Undergraduate Medical Education	

**1. Indicate the duration of the course, check all that apply:**

	2 weeks (Available for Elective courses ONLY)
	4 weeks (Available for all courses)

**2. Indicate when the course will be offered, the following list depicts Academic Year 2021-2022:**

		Course offered ALL sub-blocks (4 week option)		Course offered ALL sub sub-blocks (2 week option)
	Ia	06/27/22 - 07/24/22		06/27/22 - 07/10/22      07/11/22 - 07/24/22
	Ib	07/25/22 - 08/21/22		07/25/22 - 08/07/22      08/08/22 - 08/21/22
	IIa	08/22/22 - 09/18/22		08/22/22 - 09/04/22      09/05/22 - 09/18/22
	IIb	09/19/22 - 10/16/22		09/19/22 - 10/02/22      10/03/22 - 10/16/22
	IIIa	10/24/22 - 11/20/22		10/24/22 - 11/06/22      11/07/22 - 11/20/22
	IIIb	11/21/22 - 12/18/22		11/23/22 - 12/04/22      12/05/22 - 12/18/22
	IVa	01/02/23 - 01/29/23		01/02/23 - 01/15/23      01/16/23 - 01/29/23
	IVb	01/30/23 - 02/26/23		01/30/23 - 02/12/23      02/13/23 - 02/26/23
	Va	02/27/23 - 03/26/23		02/27/23 - 03/12/23      03/13/23 - 03/26/23
	Vb	03/27/23 - 04/23/23		03/27/23 - 04/09/23      04/10/23 - 04/23/23
	VIa	05/01/23 - 05/28/23		05/01/23 - 05/14/23      05/15/23 - 05/28/23
	VIb	05/29/23 - 06/25/23		05/29/23 - 06/11/23      06/12/23 - 06/25/23



**12. Course Contacts:**

**Course Director:**

**Course Director Name:**

**Course Director Department:**

**Email:**

**Phone:**

**Co-Course Director:**

**Course Director Name:**

**Course Director Department:**

**Email:**

**Phone:**

**Grade & Schedule Contact** (Responsible for receiving grade forms and submitting, will also receive course rosters):

**Name:**

**Email:**

**Phone:**

**13. Course Director:** By signing below the Course Director verifies to the best of their knowledge that the student is completing the proposed activities/assignments as stated on the form in the timeframe indicated.

**Course Director Initials:** I am responsible for grade submission

**Course Director Initial:** I am responsible to update the course catalog if course logistics or offerings change. These changes must occur before January for the following academic year offerings which begin around July 1<sup>st</sup> each year

Please make note: Grade submission/Catalog change queries should be directed to [scheduler@uab.edu](mailto:scheduler@uab.edu)

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Signature of **Course Director/Faculty** (Must be UASOM Faculty)

Date

**14. Student:** By signing the student agrees to complete the proposed activities/assignments as stated on the form in the timeframe indicated.

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Signature of **Student** (ONLY if student-designed)

Date

**15. COURSE APPROVED FOR TEACHING IN THE DEPARTMENT BY:**

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Signature of **Department Chair** (only if faculty designed)

Date

**16. COURSE APPROVED BY:**

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Signature of **Associate Dean for Undergraduate Medical Education**

Date