

2020-2021 Request Form for Special Topics
Submit no later than 30 days prior to the first day of the proposed course.

RETURN FORM TO:

Mike Belue
Undergraduate Medical Education
Suite 201 office D
mbelue@uab.edu

COURSE NAME	
DEPARTMENT	
CAMPUS	

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

<input type="checkbox"/>	1 Week
<input type="checkbox"/>	2 Weeks (Max)

2. Indicate when the course will be offered, the following list depicts Academic Year 2020-2021:

Week	Start date	End date	Student Year
Week 50	June 09, 2020	June 14, 2020	Rising MS2 Only
Week 51	June 15, 2020	June 21, 2020	Rising MS2 Only
Week 52	June 22, 2020	June 28, 2020	Rising MS2 Only
Week 1	June 29, 2020	July 05, 2020	Rising MS2 Only
Week 2	July 06, 2020	July 12, 2020	Rising MS2 Only
Week 3	July 13, 2020	July 19, 2020	Rising MS2 Only
Week 4	July 20, 2020	July 26, 2020	Rising MS2 Only
Week 5	July 27, 2020	August 02, 2020	Rising MS2 Only
Week 17	October 19, 2020	October 25, 2020	MS2, MS3, & MS4
Week 44	April 26, 2021	May 02, 2021	MS3 & MS4 Only

3. State course capacity:

Minimum	Maximum

4. If this is a one-time experience for a single student or is student-designed, include student name(s) below:

STUDENT(S):

5. Facility and Location:

a. Where should the student(s) report on the first day:

Building:

Room:

Time:

6. Course Description & Format (details of designated course specialty & learning activities available to student):

7. Learning Objectives (Guidelines for writing learning objectives http://usagso-sg.tripod.com/22_learning_objectives.pdf):

8. Student Requirements (The student requirements must align with the overall learning objectives):

9. Assessment (How will you verify the student has met the course objectives to the level required?)

10. General schedule of planned activities

11. 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:

12. 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 Initials: 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 1st each year

Please make note: Grade submission/Catalog change queries should be directed to scheduler@uab.edu

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

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

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

14. COURSE APPROVED FOR TEACHING IN THE DEPARTMENT BY:

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

15. COURSE APPROVED BY:

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