

2019-2020 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 VH 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 2019-2020:

Week	Start date	End date	Student Year
Week 51	June 10, 2019	June 16, 2019	Rising MS2 Only
Week 52	June 17, 2019	June 24, 2019	Rising MS2 Only
Week 1	June 24, 2019	June 30, 2019	Rising MS2 Only
Week 2	July 01, 2019	July 07, 2019	Rising MS2 Only
Week 3	July 08, 2019	July 14, 2019	Rising MS2 Only
Week 4	July 15, 2019	July 21, 2019	Rising MS2 Only
Week 5	July 22, 2019	July 28, 2019	Rising MS2 Only
Week 6	July 29, 2019	August 04, 2019	Rising MS2 Only
Week 17	October 14, 2019	October 20, 2019	MS3 & MS4 only
Week 18	October 21, 2019	October 27, 2019	MS2 only
Week 26	December 16, 2019	December 22, 2019	MS3 & MS4 only

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 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 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