

## 2018-2019 Request Form for New Special Topics Course

Form must be submitted no later than 30 days prior to the first day of the proposed course.

**RETURN FORM TO:**

Mike Belue  
 Volker Hall, Room 201G  
 (205) 934-3872 Office  
[mbelue@uab.edu](mailto:mbelue@uab.edu)

<b>COURSE TITLE</b>	
<b>DEPARTMENT</b>	
<b>CAMPUS/LOCATION</b>	<input type="checkbox"/> Birmingham <input type="checkbox"/> Huntsville <input type="checkbox"/> Tuscaloosa <input type="checkbox"/> Montgomery <input type="checkbox"/> Other Location within U.S.: _____ <input type="checkbox"/> ***International

\*\*\* Please list the international location as specifically as possible. The country or countries must be listed and if you know the region or specific town/city please list these as well \_\_\_\_\_.  
 Please visit or Mike Belue in Volker 201D [mbelue@uab.edu](mailto:mbelue@uab.edu) if you have questions. Other travel office consents will be required if the course is approved.

1. **Indicate when the course will be offered, the following list depicts academic year 2018-2019, check all that apply: [2018-2019 Clinical Calendar](#)**

For courses offered in 1 week sequences			Enrollment Available For:
<input type="checkbox"/>	Week 5	July 23 – July 29, 2018	MS-2 students only
<input type="checkbox"/>	Week 17	Oct 15 – Oct 21, 2018	MS2, MS-3 and MS-4 students
<input type="checkbox"/>	Week 26	Dec 17 – Dec 23, 2018	MS-2 students only
<input type="checkbox"/>	Week 44 (2019)	April 24 – April 30, 2019	MS-3 and MS-4 students

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 (this generally only applies to the summer hiatus following MS1 year): \_\_\_\_\_

2. **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.

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. **Facility and Location used for this course:** \_\_\_\_\_

6. **Where will the student report on the first day?** Building: \_\_\_\_\_ Room: \_\_\_\_\_ Time: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

10. **Course Contact Information:**

**\*The course director must be a UASOM faculty member. \*\*In cases where the actual Course Director is not present for the course a co-director may serve as a liaison to the Course Director to ensure that the student accomplishes the course requirements. For the course to be approved some sort of communication must be established between the course director and the co-director.**

Have the course director and co-director have been in contact? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*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 \_\_\_\_\_

**Study Abroad Director** (not required unless international travel site) \_\_\_\_\_ Date \_\_\_\_\_

12. **THIS COURSE IS STUDENT-DESIGNED BY:**

Signature \_\_\_\_\_

**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](mailto:scheduler@uab.edu) Changes are submitted in January for the upcoming academic year.

Signature \_\_\_\_\_

**Course Director** (MUST be a UAB SOM faculty member) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**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) \_\_\_\_\_

**Senior Associate Dean for Medical Education (Dr. Craig Hoesley)** \_\_\_\_\_ Date \_\_\_\_\_