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

**COURSE TITLE**

**DEPARTMENT**

**CAMPUS/LOCATION**
- Birmingham
- Huntsville
- Tuscaloosa
- Montgomery
- Other Location within U.S.
- 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 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

<table>
<thead>
<tr>
<th>For courses offered in 1 week sequences</th>
<th>Enrollment Available For:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 5</td>
<td>July 23 – July 29, 2018</td>
</tr>
<tr>
<td>Week 17</td>
<td>Oct 15 – Oct 21, 2018</td>
</tr>
<tr>
<td>Week 26</td>
<td>Dec 17 – Dec 23, 2018</td>
</tr>
<tr>
<td>Week 44 (2019)</td>
<td>April 24 – April 30, 2019</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 (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:

<table>
<thead>
<tr>
<th>Quizzes</th>
<th>Essay/Objective Tests</th>
<th>Group Assignments</th>
<th>Presentation</th>
<th>Written Paper</th>
<th>Project</th>
<th>Independent Study</th>
<th>Class Participation/Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other:</td>
<td></td>
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</tbody>
</table>

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 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:

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 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