

2022-2023 Request Form for Special TopicsSubmit no later than 30 days prior to the first day of the proposed course.**RETURN FORM TO:**

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 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 2022-2023:

Week	Start date	End date	Student Year
Week 50	June 06, 2022	June 12, 2022	Rising MS2 Only
Week 51	June 13, 2022	June 19, 2022	Rising MS2 Only
Week 52	June 20, 2022	June 26, 2022	Rising MS2 Only
Week 1	June 27, 2022	July 03, 2022	Rising MS2 Only
Week 2	July 04, 2022	July 10, 2022	Rising MS2 Only
Week 3	July 11, 2022	July 17, 2022	Rising MS2 Only
Week 4	July 18, 2022	July 24, 2022	Rising MS2 Only
Week 5	July 25, 2022	July 31, 2022	Rising MS2 Only
Week 17	October 17, 2022	October 23, 2022	MS2, MS3, & MS4
Week 44	April 24, 2023	April 30, 2023	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