

## Request Form for New Clinical Course

Submit no later than 30 days prior to the first day of the proposed course.

**RETURN FORM TO:**

Amber Watts  
Undergraduate Medical Education  
asinclair@uab.edu

<b>COURSE NAME</b>	
<b>DEPARTMENT</b>	
<b>CAMPUS</b>	
<b>COURSE TYPE</b>	
***Acting Internships can only be built in consultation with the Associate Dean for Undergraduate Medical Education	

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

	2 weeks (Available for Elective courses ONLY)
	4 weeks (Available for all courses)

**2. Indicate when the course will be offered, the following list depicts Academic Year 2024-2025:**

	Course offered ALL sub-blocks (4 week option)		Course offered ALL sub sub-blocks (2 week option)	
	Ia	06/24/24 - 07/21/24	06/24/24 - 07/07/24	07/08/24 - 07/21/24
	Ib	07/21/24 - 08/18/24	07/21/24 - 08/04/24	08/05/24 - 08/18/24
	IIa	08/19/24 - 09/15/24	08/19/24 - 09/01/24	09/02/24 - 09/15/24
	IIb	09/16/24 - 10/13/24	09/16/24 - 09/29/24	09/30/24 - 10/06/24
	IIIa	10/21/24 - 11/17/24	10/21/24 - 11/03/24	11/04/24 - 11/17/24
	IIIb	11/18/24 - 12/15/24	11/18/24 - 12/01/24	12/02/24 - 12/15/24
	IVa	01/06/25 - 02/02/25	01/06/25 - 01/12/25	01/13/25 - 02/02/25
	IVb	02/03/25 - 03/02/25	02/03/25 - 02/16/25	02/16/25 - 03/02/25
	Va	03/03/25 - 03/30/25	03/03/25 - 03/16/25	03/17/25 - 03/30/25
	Vb	03/31/25 - 04/27/25	03/31/25 - 04/13/25	04/14/25 - 04/27/25
	VIa	05/05/25 - 06/01/25	05/05/25 - 05/18/25	05/19/25 - 06/01/25
	VIb	06/02/25 - 06/29/25	06/02/25 - 06/15/25	06/16/25 - 06/29/25



**12. 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:**

**13. 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 1<sup>st</sup> each year

Please make note: Grade submission/Catalog change queries should be directed to [scheduler@uab.edu](mailto:scheduler@uab.edu)

---

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

Date

**14. 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

**15. COURSE APPROVED FOR TEACHING IN THE DEPARTMENT BY:**

---

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

Date

**16. COURSE APPROVED BY:**

---

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

Date