



NEW COURSE REQUEST FORM

DEPARTMENT: DEPARTMENT IF IDM, DEP OWNERSHIP: OWNERSHIP

ALPHA DESIG. & NO. AAA###

A. COURSE TITLE: COURSE TITLE

B. CREDIT HOURS (1-18): CREDIT HOURS GRADE MODE: Choose an item.

C. FIRST TERM TO BE OFFERED: Choose an item. YEAR

D. DESCRIBE CURRICULUM NEED FOR COURSE: Click or tap here to enter text.

E. DISCUSS IMPACT THIS COURSE WILL HAVE UPON INSTITUTIONAL LEARNING OBJECTIVES: Click or tap here to enter text.

F. THIS FORM MUST HAVE A SYLLABUS ATTACHED (SEE SYLLABUS TEMPLATE)

SIGNATURES:

COURSE DIRECTOR: _____ DATE: _____

DEPARTMENT CHAIR: _____ DATE: _____

OFFICE OF MEDICAL EDUCATION: _____ DATE: _____

CURRICULUM COMMITTEE CHAIR: _____ DATE: _____

MEDICAL SCHOOL DEAN: _____ DATE: _____

REGISTRAR: _____ CIP NO. _____ DATE: _____

*If modified, this request will be returned to the department for re-approval.
If denied, this request will be returned to the department to address concerns and re-approval.*

Return signed copy to:
MUSOM Registrar
1600 Medical Center Drive, Ste. 3420
Huntington, WV 25701
MUSOMRegistrar@marshall.edu