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