**NEW COURSE REQUEST FORM**

**DEPARTMENT:** DEPARTMENT **IF IDM, DEP OWNERSHIP:** OWNERSHIP

**ALPHA DESIG. & NO.** AAA###

1. **COURSE TITLE:** COURSE TITLE
2. **CREDIT HOURS (*1-18*):** CREDIT HOURS **GRADE MODE:** Choose an item.
3. **FIRST TERM TO BE OFFERED:** Choose an item.YEAR
4. **DESCRIBE CURRICULUM NEED FOR COURSE:** Click or tap here to enter text.
5. **DISCUSS IMPACT THIS COURSE WILL HAVE UPON INSTITUTIONAL LEARNING OBJECTIVES:** Click or tap here to enter text.
6. **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**