

Use this form for substantive changes. Use the short course form for minor changes.
Please refer to <http://senate.ucsf.edu/courseactions/tutorial.html> for further information

School		Department/Division		
Approval of new course		Beginning Quarter	Year	
Change in course		Beginning Quarter	Year	
Reinstatement of course		Quarter Last Offered	Year	
Subject (Department or Program Name)		Number	Units	
Title (60 characters maximum)				
Quarter(s) offered:		Location(s):		
FA	Parnassus	VA	Prerequisites (courses, knowledge required):	
WI	SFGH	LHS		
SP	Mt. Zion	Mission Bay		
SU	China Basin	Fresno		
	Other (specify):			
Restrictions (For whom is this course intended i.e. type of student, instructor approval):				
Duration of course				
Minimum number of weeks		Maximum number of weeks		
Calculation of Units (write the # of hours per activity)				
Section 1: 10 hours for the activity listed in this section = 1 unit				
	Lecture			
Section 2: 30 hours for the activities listed in this section = 1 unit				
	Clinical experience/Patient contact		Seminar - For every hour of seminar contact time, please include two hours of student preparation time. (i.e. 10 hours of contact time = 30 hours of seminar)	
	Conference			
	Field work			Web-based course work
	Independent study			Workshop
	Lab			Project
Section 3: 40 hours for the activities listed in this section = 1.5 units				
	Block Elective		Clinical clerkship	
Other (specify):				
Calculation of Total Units (sum of [total hours for each activity x activity unit value] ÷ # of weeks):				
Explanation of Calculation (only complex calculations need explanation):				
If already taken and passed, may the student take this course again for credit?			Yes No	
Can this course be offered for graduate academic credit? (for degrees earned in the Graduate Division)			Yes No	

Instructor(s):			
Instructor of record (printed name and signature required of instructor with administrative responsibility)			
Printed Name	Signature	Payroll Title	Department
Other Instructor(s) (printed name) (for additional space, use COMMENTS section)			
Printed Name	Payroll Title	Department	
Description (not to exceed 500 characters, including spaces - approximately 85 words):			
Justification for the Course Request and Comments:			
Course requirements (Mark all that apply):		Used to Evaluate Student Performance (Mark all that apply):	Course grading convention (Mark appropriate option)
Class Participation			Letter only P/NP only (Pass/Not Pass) S/U only (Satisfactory/Unsatisfactory) P/NP or S/U only Letter or P/NP or S/U In Progress, grade to be assigned quarter: <i>In addition to above:</i> Honors can be earned (Available only for School of Medicine 3 & 4 or School of Dentistry)
Oral Examination			
Written Examination			
Written Report(s)			
Case Presentation			
Direct Observation of Clinical Performance			
Oral Presentation			
Original Paper			
Attendance			
Other (specify):	Other (specify):		
All Signatures required prior to submission to the Registrar's office.			
Authorized by:		Approved by:	
Chair of Department/Division's Signature		School Curriculum Committee	Dean of School
Date		Date	Date
Approved by:	Course catalog update by:	* Prepared by:	
Committee on Courses of Instruction	Office of Admissions and Registrar	Name	Email address
Date	Date	Date	Mail Box # Phone #

* Please submit the original course form and 14 copies of each original course form.

Course Objectives:

Subject

Number

Specify in terms of knowledge, skills, or practices to be developed. Objectives should be measurable, student-focused, and should reflect the level of learning for this course. Please refer to Bloom's Taxonomy for learning levels and suggested language (<http://www.coun.uvic.ca/learn/program/hndouts/bloom.html>).

Upon completion of this course, a student will be able to: