COURSE SUBMITTAL FORM

__ Approval of new course
__ Change in course
__ Reinstatement of course

<table>
<thead>
<tr>
<th>Subject</th>
<th>Number</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
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To be offered:

<table>
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<tr>
<th>SS1</th>
<th>SS2</th>
<th>SU</th>
<th>FA</th>
<th>WI</th>
<th>SP</th>
<th>Other</th>
</tr>
</thead>
</table>

Where offered:

<table>
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<tr>
<th>UCSF</th>
<th>SFGH</th>
<th>VA</th>
<th>LPPI</th>
<th>LHS</th>
<th>Other (specify)</th>
</tr>
</thead>
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Prerequisites:

Number of hours per week spent in:

- ____ lecture
- ____ lab
- ____ seminar
- ____ conference
- ____ clinic
- ____ field work
- ____ library research
- ____ project
- ____ patient contact
- ____ workshop
- ____ Other (specify)

See "Comments" below

Minimum number of weeks ___

Maximum number of weeks ___

May this course be repeated for credit?  Yes ___  No ___

Instructor with administrative responsibility:

Title and Department

Other Instructors:

Title and Department

Description:

Course grading convention:

- Letter only
- Letter, P/NP or S/U
- P/NP only
- In Progress, grade to be assigned (quarter/session)
- S/U only

Remarks:

Submitted by: ___________________________ Date ______________________

Chair, Department/Division

APPROVED BY

Curriculum Committee Date

Dean of School Date

Committee on Courses of Instruction Date
ADDITIONAL COURSE INFORMATION

Course subject and number

______________________________

Course objectives: (Specify in terms of knowledge, skills or attitudes to be developed). Please number.

.

Course requirements: (Check all that apply)

___ Attendance    ___ Written reports    ___ Oral presentation

___ Original paper ___ Other (specify): Written Examinations

Evaluation of student performance: (Check all that apply)

___ Class participation ___ Oral examination ___ Written Examination

___ Written reports ___ Case presentation ___ Direct observation of clinical performance

___ Other (specify):