Course Proposal to the Curriculum Committee

The Graduate School of Biomedical Sciences Curriculum Committee reviews curricular offerings to ensure that academic standards of the PhD program are met. The information requested below helps the Committee to meet this goal, as well as to promote clear communication between faculty and students concerning the content and expectations of courses and to coordinate course offerings.

Completing and Submitting the Form: Sections I, II, and III should be completed by the faculty member(s) developing the proposal; section IV should be completed by the Graduate School.

Please submit this form via e-mail to the Graduate School:
Lily Recanati, Administrator  E-mail: lily.recanati@mssm.edu  OR
Ross Cagan, PhD, Associate Dean  E-mail: ross.cagan@mssm.edu

Proposed Title of Course:

Course Director(s):

Department:  ISMMS Faculty?  ☐Yes ☐No

Title or Position:

Please check the box that applies to this course:  ☐New Offering  ☐Revised Offering

Is this an advanced course offering for a particular MTA (Multi-Disciplinary Training Area)?

☐ Yes  If yes, which MTA?

☐ No

I.  Course Description as it would appear in the Course Announcement (maximum 100 words).

II.  Syllabus and Course Pedagogy: In order for the Curriculum Committee to understand your course content and your expectations of students, please attach a draft syllabus which addresses the following topics (See II. Numbers 1 through 6)

If a syllabus is not yet prepared, please check this box and please answer only the questions below applicable to your proposed course.
1. What are the learning objectives of the course?

2. Identify the type of instruction:
   - Lecture
   - Lecture with Small Group Discussion
   - Seminar
   - Other

3. Describe the course workload (hours):
   - Lectures:
   - Reading (pages per week):
   - Laboratories:
   - Writing assignments (number, length):
   - Other assignments:
   - Examinations:
   - Describe how students’ course work will be evaluated to determine the final grade (percentage breakdown must equal 100%):

4. How, other than the performance of your students in the assignments, might you assess whether you have achieved your objectives for the course?

5. Do you plan to have other faculty as lecturers/small group leaders?
   - Yes-(Pls provide names within your syllabus)
   - No

7. Do you plan to have a TA?  
   - Yes  
   - No

III. Course Logistics

1. Term in which the course is to be offered initially:
   - Fall
   - Winter
   - Spring
   - Summer
   - Full year
   - Academic Year:

2. Course will be offered
   - Every year
   - Every other year

3. Number of class hours/week:

4. Preferred meeting schedule: Please select your times & days and write below your preference in number order. (e.g. 1=first choice; 2=second choice; 3=third choice; etc.)
   1. _______________
   2. _______________
   3. _______________

4. Grading Option:  
   - Letter Grade
   - Pass/Fail

5. Prerequisites: NONE
   - Course #:____  Course Title:____
   - Course #:____  Course Title:____
Course #:______ Course Title:_____

6. Are you requesting restrictive enrollment? □ Yes □ No
   If yes, who may register for the course:
   □ PhD (Biomedical Sciences/Neuroscience) students
   □ MS in Biomedical Sciences students
   □ other Master’s program students
   □ post-docs
   □ employees

7. What is the expected number of students who will take the class?

8. Are you requesting an enrollment limit? □ Yes □ No

9. If limited, what size limit is requested? ______
   If the limit is requested for pedagogical reasons, please supply the rationale

Note to curriculum committee:

DO NOT TYPE BELOW – GRADUATE SCHOOL USE ONLY

IV. Curriculum Committee Course Review.
The program director’s signature indicates that each of the topics below has been considered.

<table>
<thead>
<tr>
<th>The proposed course has been evaluated in terms of content, course level, and class size:</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The suggested course number for the proposed course</td>
<td>#:</td>
</tr>
<tr>
<td>The course prerequisites have been reviewed and are appropriate and consistent with graduate school standards</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If the course requests an enrollment limit, is the limit endorsed by the graduate school?</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>If other faculty (other than the course director(s)) are to be included, is there a plan to integrate them into the rest of the course?</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Are you requesting crosslisting?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Crosslisting program: ________________________________</td>
<td></td>
</tr>
<tr>
<td>Crosslisting course number: _______________________</td>
<td></td>
</tr>
<tr>
<td>Which course is the primary listing (the one for which students should register)?</td>
<td></td>
</tr>
<tr>
<td>The proposed number of credits for course</td>
<td>#:</td>
</tr>
</tbody>
</table>
Graduate School of Biomedical Sciences

REVIEW DATE: _____  □ APPROVED  □ DENIED  □ NEED ADDITIONAL INFORMATION

__________________________________________________________

REVIEW DATE: _____  □ APPROVED  □ DENIED

Signatures:

Proposer: ___________________________________________ Date: _____

Joint Proposer (if applicable): __________________________ Date: _____

Graduate School Associate Dean: ________________________ Date: _____