

### *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](mailto:lily.recanati@mssm.edu) OR

Ross Cagan, PhD, Associate Dean E-mail: [ross.cagan@mssm.edu](mailto: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      If yes, the TA Appointment Form (<http://www.mssm.edu/students/gradhandbook/forms.shtml>) needs to be filled out so that the Graduate School can determine the appropriate payment for the TA.  
 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: \_\_\_\_\_

## Graduate School of Biomedical Sciences

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.**

The proposed course has been evaluated in terms of content, course level, and class size:	<input type="checkbox"/> Yes <input type="checkbox"/> No
The suggested course number for the proposed course	#:
The course prerequisites have been reviewed and are appropriate and consistent with graduate school standards	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the course requests an enrollment limit, is the limit endorsed by the graduate school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you requesting crosslisting? Crosslisting program: _____ Crosslisting course number: _____ Which course is the primary listing (the one for which students should register)? : _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
The proposed number of credits for course	#:

**Graduate School of Biomedical Sciences**

REVIEW DATE: \_\_\_\_\_  APPROVED  DENIED  NEED ADDITIONAL INFORMATION

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REVIEW DATE: \_\_\_\_\_  APPROVED  DENIED

**Signatures:**

Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Proposer (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Graduate School Associate Dean: \_\_\_\_\_ Date: \_\_\_\_\_