Graduate Program in Biomedical Sciences Course Proposal Form

Office of the Assistant Dean
1430 Tulane Avenue – SL56
New Orleans, LA 70112
Telephone: 504-988-5226

RE: Request For Graduate Curriculum Change Described Below

PROPOSED ACTION

☐ Discontinue course final term________

☐ New course first term________

☐ Change course title from________________________________________________________

 to________________________________________________________ effective term________

☐ Change course description (provide in Course Information below) effective term________

☐ Change course credit from_______________ to_____________ effective term________

☐ Change course number from______________ to_____________ effective term________

COURSE INFORMATION (What should be listed in the Schedule of Classes and the catalog?)

1. Department________________________________________ Course-id____________________

 Credit graduate_______

Full title for catalog:______________________________________________________________________

Abbr. title for Schedule:

2. Catalog description (including any prerequisites):
3. Instructor(s):________________________________________________________________________

4. Class meeting schedule (e.g. MWF 1:00pm 1:50pm):_______________________________________

5. Format (check one): lecture☐ lab☐ seminar☐ ind study☐ practicum☐ studio☐ recitation☐ thesis☐ research☐ field☐ service☐

6. Terms offered (check all applicable): fall☐ spring☐ summer☐

7. Calendar: annual☐ biannual☐ biennial☐ other☐ (describe)_____________________________________

8. Maximum class size:_________________________________________________________________

9. Will this course be part of the major program? yes☐ no☐

10. Will it replace an existing course in the major program? yes☐ no☐
    If yes, which one?_____________________________________________________________________
        course number  title

11. If this course change affects the degree audit indicate how the audit should be modified. ________________________________
    ___________________________________________________________________________________

PROCESSING INFORMATION

1. Objectives for new course or rationale for change(s):_______________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________

2. Staff: name(s) and qualifications:_______________________________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________

3. Does this course require any interdepartmental coordination? describe)_____________________
    ___________________________________________________________________________________

4. List the course(s) cross registered with this course at either the undergraduate or graduate level:_____________________
    ___________________________________________________________________________________

5. If the course is cross registered at the graduate level, what are the additional requirements?_____________________
    ___________________________________________________________________________________

6. Does this course have an oral component for students? (describe)___________________________
    ___________________________________________________________________________________

7. Is computer use required: check all appropriate box(es): e-mail☐ internet☐ Tulanet Voyager☐
    web pages accessed☐ web pages written☐ computer programs accessed☐ computer programs written☐ Blackboard☐

8. How many pages of written work does this course require, not including tests and exams?___________________
9. (If proposing intensive writing designation) How many rewritten pages does this course require? __________________________

10. What proportion of the course grade is based on written work, not including tests and exams? __________________________

11. On average, how many hours each week does the average student spend on this course, not including class time, regularly scheduled laboratory time, or regularly scheduled performance activity time? __________________________

Please attach a syllabus, with a laboratory syllabus if appropriate. The minimum components of a syllabus are course description, required texts, policies (e.g., class absences, late papers, honor code), grading method in terms of percent, sequence of topics to be discussed, and schedule of assignments.

Signature of Chair___________________________________________ Date_________________________________
Procedure to list new or changes to Biomedical Science Courses with the Registrar’s Office

1. Approve course at department level.

2. Assign a new course number. To avoid assigning a course number that is reserved for special purposes by the Registrar, please consult with Mary Frances Gleason (Tudie) in the Registrar’s office when designing the new course number.

   Tudie’s contact info:

   Mary Francis Gleason (Tudie)
   Tulane University Office of the Registrar
   110 Gibson Hall
   New Orleans, LA 70118
   504-865-5759
   fax: 504-865-6760
   e-mail: gleason@tulane.edu

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   The department chair should turn in the completed copy of the BMS Course Proposal Form (available as a pdf), which contains all the information the Registrar needs to list the course, and a copy of the course syllabus to:

   Dr. Robert Garry
   Assistant Dean
   Graduate Program in Biomedical Sciences
   School of Medicine
   1430 Tulane Avenue
   New Orleans, LA  70112
   504-988-5226
   504-988-3779
   email: BMS@tulane.edu

   • The Steering Committee will review the proposal. Upon approval, the Assistant Dean’s office will forward the Course Proposal form to the Registrar and a copy of the syllabus will be kept on file.