

CURRICULUM COURSE / CLERKSHIP DESCRIPTION
UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE

SECTION I

Check one in each category:

New Course Revision to current

Elective Selective Required

YEAR: 1 2 3 4

Course Title / Number _____

Department _____

Credit Hours*: _____

*Use the appropriate formula to determine:

Preclinical Courses: 15 hours = 1 credit hour

Required 3rd Year Clinical Clerkships: 1 week = 1.25 credit hours

Clinical Electives/4th Year Rotations: 1 week = 1 credit hour

Number of Faculty teaching _____

Length of Clinical Rotation 2, 3 or 4 weeks _____

Maximum / Minimum enrollment _____

Course/ Clerkship Director _____

Contact information Phone: _____ Email: _____

Course Coordinator [if applicable] _____

Email _____

Preferred Day and Time[applies to 2nd yr elective only] _____

Preferred Location Bldg/ Hospital _____ Room/Ward _____

Other [include off-campus sites requiring transportation] _____

Textbook required [if any]

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DESCRIPTION:

STATEMENT OF GOALS & OBJECTIVES [Please include a statement detailing how the course goals/objectives align with the school's educational objectives]:

METHOD OF EVALUATING STUDENT [If a uniform evaluation form is used, please attach a copy to this application]

INSTRUCTOR'S
SIGNATURE

DEPARTMENT
CHAIR SIGNATURE

EPC APPROVAL/
DATE

SECTION II

If this is a new required course or selective, complete Section IIa.

If this is an elective, complete Section IIb.

Section IIa [Required or Selective]

1. Rationale for request and where this would fit into the existing curriculum

2. Additional time required outside of regular class time

3. Method of Remediation

Section IIb [Elective]

1. Time Commitment _____

Length for clinical electives is 4, 3 or 2 weeks. One or more times may be marked.

Availability is to be indicated by SU [summer], F[fall], W [winter], SP [spring], or ALL.

2. Time and Location first day of session _____

3. Prerequisites:

4. Method of Remediation