

UCSD SKAGGS SCHOOL OF PHARMACY & PHARMACEUTICAL SCIENCES
PROPOSAL FOR A NEW OR RENEWING ELECTIVE COURSE

revised February 2016

Guidelines for New Elective Course Submission and Approval

Prior to the elective course start, all electives require approval by the SSPPS Committee on Educational Policy (CEP) and the UCSD Registrar's Office. To facilitate the approval process, guidelines are provided below:

1. Complete a SSPPS Proposal for a New or Renewing Elective Course Form
 - a. Obtain this form from the Curriculum Coordinator: Shelly Fromholtz, 858.822.5566, email: sfromholtz@ucsd.edu via the SSPPS website at URL: <http://pharmacy.ucsd.edu/faculty/SSPPSNewElectiveGuidelinesandProposal.pdf>
2. Complete a UCSD Request for Course Approval Form
 - a. Obtain this from Shelly Fromholtz
3. Submit a draft course syllabus, a description of lecture topics, and a draft SSPPS Proposal for a New or Renewing Elective Course Form to Shelly Fromholtz.
 - a. At the next scheduled CEP meeting, the proposed elective will be reviewed and subject to approval by the CEP.
 - b. Suggestions by the CEP may be provided and it will be left to the discretion of the course chair to address such suggestions.
4. Finalize the UCSD Request for Course Approval Form upon CEP approval of the elective
 - a. This form requires several signatures and is submitted to the Registrar's office for campus approval. A signature from David Adler, Associate Dean for Academic Affairs, is required. In addition, a course number is generated.
5. If the proposed course seeks to enroll students from other Schools or Graduate programs, cross-listing of the course may be needed. The Course Chair should discuss the logistics with the Curriculum Coordinator and with representatives from other Schools and/or Programs for clarification. In the scenario where course approval is required from multiple institutions and schools, it is recommended that approval by CEP and other Schools be conducted in parallel.

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Course Information

- Course Title:
- Course Description:
- Principal Instructor:
 - Mail Code/Phone/email: _____ Department: _____
- Additional Instructors: _____
 - Department Contact: _____ Mail Code/Phone/email: _____
- Quarter(s) course will be taught: Fall Winter Spring
- Number of Units: _____
- Location in schedule:
 - Day(s): _____ Time: _____
- Number of students allowed per quarter:
 - Minimum: _____ Maximum: _____
- This course is offered to: P1 P2 P3 P4 SOM students Grad Students
(check all that apply)
- Course Prerequisites (if applicable): _____
- Please attach the UCSD Request for Course Approval Form, a draft syllabus, and list of scheduled lecture topics.

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Course Organization

- Scope & Objectives: List what you expect a student “to do” by the completion of this course. Course objectives must be stated in measurable terms. Add additional pages, if necessary.

- Teaching Methods: Select the methods that best suit the style and content of the course objectives. Active participation by students and direct feedback by faculty are highly encouraged. Lectures should be kept to a minimum. Examples of active participation are listed below; please indicate which will be used in this course.

- | | | |
|--|--|--|
| <input type="checkbox"/> Didactic lectures | <input type="checkbox"/> One-on-one observation & teaching | <input type="checkbox"/> Demonstrations |
| <input type="checkbox"/> Role-plays | <input type="checkbox"/> Self-directed learning by student | <input type="checkbox"/> Symposia |
| <input type="checkbox"/> Independent reading | <input type="checkbox"/> Multimedia & computer support | <input type="checkbox"/> Patient simulations |
| <input type="checkbox"/> Case-based seminars | <input type="checkbox"/> Other activities (please specify below) | |

- Source Material: What textbooks, journals, or handouts will be used or recommended? The use of Medline and other computerized reference searching by students is strongly encouraged.

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Evaluation

- How will you determine whether or not students have met the course objectives? What criteria will form the basis of the student evaluation:

- Students are required to complete online course evaluations administered by the Office of Academic Affairs. The information gathered from these forms will be used by the Committee on Educational Policy when reviewing elective courses. If you have an additional form for course evaluation that will be conducted on paper, please include a copy with this packet.

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BUDGET REQUEST FORM

Department Name: _____

Course Number: _____ Quarter: _____ Year: _____

Requests in excess of \$400 must be fully justified and may require presentation at a Committee on Educational Policy (CEP) meeting.

Item	Fall Quarter	Winter Quarter	Spring Quarter	Total Request for Year
Audiovisual (AV) Services				
Photocopies				
Other				
Total				

JUSTIFICATION:

Please justify the funding requested above (Note: Secretarial support, food, travel, equipment, and honoraria are not supported by CEP funds.):

How will a funding at a lesser level than requested affect this course: