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 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 Gail Gipson 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.
A. Course Information
1. Course Title: ____________________________________________________________

2. Course Description: _____________________________________________________

3. Principal Instructor: ____________________________________________________
   Mail Code/Phone/e-mail: _________________________________________________
   Department: ____________________________________________________________

4. Additional Instructors: __________________________________________________

5. Department Contact: ____________________________________________________
   Mail Code/Phone/e-mail: _________________________________________________

6. Quarter(s) course will be taught: ______ Fall ______ Winter ______ Winter
   Number of Units: ______
   ______ Spring

7. Location:
   Day(s): ______________________ Time: ________________________________

8. Number of students allowed per quarter: ______ Minimum ______ Maximum

9. This course will be offered to: ______ First Year Pharmacy Students Only
   ______ Second Year Pharmacy Students Only
   ______ Third Year Pharmacy Students Only
   ______ Fourth Year Pharmacy Students Only
   ______ Other (if so, then determine if approval is needed from other Schools)

10. Course Prerequisites (if applicable):
    ___________________________________________________________________
    ___________________________________________________________________

10. Please attach UCSD Request for Course Approval form, a draft syllabus, and list of scheduled
   lecture topics.

Return to: Shelly Fromholtz email: sfromholtz@ucsd.edu
B. Course Organization

1. **Scope and 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.

2. **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.

   - Didactic lectures
   - Demonstrations
   - Self-directed learning by student
   - Multimedia and computer support
   - Patient simulations
   - Other activities (please specify below)
   - Case-based seminars
   - Role-plays
   - Symposiums
   - Independent reading
   - One-on-one observation & teaching

3. **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.
C. Evaluation

1. Evaluation of Students

How will you determine whether or not students have met the course objectives? What criteria will form the basis of the student evaluation? Instructors will receive a narrative evaluation form from the Student Affairs Office at the end of the quarter and are encouraged to return these evaluations as promptly as possible.

Students will be requested to complete on-line course evaluations by the Office of Educational Development and Evaluation. The online evaluations are easily accessed via the Medical Education web portal. The information gathered from these electronic forms will be used by the Electives Committee when reviewing elective courses.

Please contact Shelly Fromholtz (SSPPS Curriculum Coordinator; 858-822-5566; sfromholtz@ucsd.edu) at least two weeks prior to the beginning of your course to assure that the evaluation process meets your course and faculty needs.

While the evaluations are standardized across the elective courses, you may add questions to the standard evaluations. If you wish to add specific questions to the existing forms, please discuss this with the Office of Educational Development and Evaluation when you contact them. If you have an additional form for course evaluation that will be conducted on paper, please include a copy with this packet.

Return to: Shelly Fromholtz email: sfromholtz@ucsd.edu
D. BUDGET REQUEST

Department Name: _______________ Course No: ______________________
Quarter: ___________ Year: _______________

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

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<th>Item</th>
<th>Fall Quarter</th>
<th>Winter Quarter</th>
<th>Spring Quarter</th>
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JUSTIFICATION:

Please justify the funding requested above. *Note: secretarial support, food, travel, equipment and honoraria are not supported by Electives Committee funds."

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

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