

**School of Public Health and Tropical Medicine
Curriculum Committee
Course Review**

1. COURSE No.# AND TITLE: _____

2. DEPARTMENT: _____

- Is course:
 - A school core:.....yes () no ()
 - A department/program requirement:...yes () no ()
if yes title of program _____
 - New:.....yes () no ()
 - Revised:.....yes () no ()
Previous no., if different from above _____
 - Routine review.....yes () no ()

3. NUMBER OF CREDITS:
- per semester _____ (previously) _____

4. SCHEDULING:
- Semester (s), session to be taught _____ period(s) _____
 - Class room/distance learning contact hours:
Meetings per week _____ hrs/meeting _____
 - Internet interaction: synchronous _____ total hours _____
asynchronous _____ total hours _____
 - Modules: no. of modules _____ hours per module _____
 - Laboratory: meeting/week _____ hours per meeting _____

5. INSTRUCTOR(S)
- Name and rank of faculty under whose name(s) the course is to be listed:

_____ Other participating faculty _____

6. PRIMARY RESPONSIBLE PERSON: (for official contact) _____

7. PREREQUISITE(S): (list no. and title of course(s). Indicate as:
- prerequisite can be taken concurrently: _____
 - other prerequisites: _____

8. RESTRICTIONS:
- permission of instructor: yes () no ()
 - enrollment: minimum _____ maximum _____

<u>SUBMITTED BY:</u>	<u>COMMITTEE ACTION</u>
Responsible Faculty _____	Approved _____
Curriculum Representative _____	Disapproved _____ Reason _____
Department Chair: _____	Chairman, Curr. Committee: _____
Date: _____	Date: _____

I. COURSE DESCRIPTION (for bulletin)

II. EXPLANATION OF NEED FOR NEW OR REVISED COURSE:

III. STUDENT LEARNING OBJECTIVES:

IV. METHODS OF EVALUATION:

A. Students:

B. Instructor:

- Student evaluation forms
- Student direct feed back to instructor

C. Course:

- Student evaluation
- Peer evaluation

V. TEXTBOOK, RECOMMENDED READINGS:

VI. CLASS SCHEDULE:

<u>DATE</u>	<u>LECTURE TITLE INSTRUCTOR</u>	<u>READING ASSIGNMENT</u>
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