



**SOUTH DAKOTA BOARD OF REGENTS
ACADEMIC AFFAIRS FORMS**

New Course Request

<u>USD</u>	<u>Sanford School of Medicine – Internal Medicine Dept.</u>
Institution	Division/Department
<u>Elizabeth M. Freeburg</u>	<u>2/4/2019</u>
Institutional Approval Signature	Date

Section 1. Course Title and Description

Prefix & No.	Course Title	Credits
MEDC 825	Advanced Dermatology and Cutaneous Oncology Short title: Adv Derm & Cutaneous Oncology	1-8

Course Description	This elective will help medical students gain extensive experience in Dermatology surgery (total margin assessment tumor removal) and provide exposure to a multidisciplinary approach to advanced cutaneous oncology.
---------------------------	--

Pre-requisites or Co-requisites N/A

Registration Restrictions

Med Course Level Check

Section 2. Review of Course

2.1. Was the course first offered as an experimental course (place an “X” in the appropriate box)?

- Yes (if yes, provide the course information below) No

2.2. Will this be a unique or common course (place an “X” in the appropriate box)?

If the request is for a unique course, verify that you have reviewed the common course catalog via Colleague and the system [Course Inventory Report](#) to determine if a comparable common course already exists. List the two closest course matches in the common course catalog and provide a brief narrative explaining why the proposed course differs from those listed. If a search of the common course catalog determines an existing common course exists, complete the Authority to Offer an Existing Course Form.

Unique Course

Prefix & No.	Course Title	Credits
<i>Provide explanation of differences between proposed course and existing system catalog courses below:</i>		
There are no similar courses in the catalog at this educational level.		

Section 3. Other Course Information

3.1. Are there instructional staffing impacts?

- No.** Schedule Management, explain below: Existing faculty is adequate without change in workload.

- 3.2. Existing program(s) in which course will be offered: Medicine (M.D.) Training Program
- 3.3. Proposed instructional method by university: G – Clinical Experience
- 3.4. Proposed delivery method by university: 001 – Face to Face
- 3.5. Term change will be effective: Fall 2019
- 3.6. Can students repeat the course for additional credit?
 Yes, total credit limit: _____ No
- 3.7. Will grade for this course be limited to S/U (pass/fail)?
 Yes No
- 3.8. Will section enrollment be capped?
 Yes, max per section: _____ No
- 3.9. Will this course equate (i.e., be considered the same course for degree completion) with any other unique or common courses in the common course system database in Colleague and the [Course Inventory Report](#)?
 Yes No
- 3.10. Is this prefix approved for your university?
 Yes No

Section 4. Department and Course Codes (Completed by University Academic Affairs)

- 4.1. University Department Code: UMEDC
- 4.2. Proposed [CIP Code](#): 51.1202
Is this a new CIP code for the university? Yes No