



**GRADUATE SCHOOL OF
BIOMEDICAL SCIENCES**

University of Medicine & Dentistry of New Jersey

NEW COURSE APPROVAL FORM

New Course _____ Revision _____ of Course No. _____

Program _____

Course Name _____

Lecture: _____ Lab: _____ Student Seminar _____ Read Literature _____

Hours/Week: _____ Number of Weeks: _____ Semester: _____

Credits: _____ Grading: _____

Instructor(s): _____

Prerequisites: _____

Is there an enrollment limit? If so, please indicate. _____

Approval of Program Director: _____ Date: _____

Describe course (content, textbooks, evaluations, etc.) Use extra pages if needed.