

**DUKE** University

School of Medicine

Office of the Registrar

Subject Code:

Course Title:

Course Short Title:

(no more than 30 characters):

Course Number:

(if for new course – proposed course number)

Effective Term:

**Required** Signatures:

Course Instructor or Program Designee Date

Program Director/Curriculum Committee Designee Date

Vice Dean for Education Date

Copy of approved new/revised course proposal to be attached when provided to the Office of the Registrar. May be provided in electronic format (pdf preferred) to [medreg@dm.duke.edu](mailto:medreg@dm.duke.edu).