

New Course Request

Indiana University

IUPUI

Campus

Check Appropriate Boxes:

Undergraduate credit

Graduate credit

Professional credit

1. School/Division Liberal Arts 2. Academic Subject Code OVST-C

3. Course Number 590 (must be cleared with University Enrollment Services) 4. Instructor 000186406

5. Course Title Overseas Study in Mexico, Yucatan - Dentistry  
Recommended Abbreviation (Optional) \_\_\_\_\_  
(Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): Summer 2009

7. Credit Hours: Fixed at 0 or Variable from \_\_\_\_\_ to \_\_\_\_\_

8. Is this course to be graded S-F (only)? Yes \_\_\_ No

9. Is variable title approval being requested? Yes \_\_\_ No

10. Course description (not to exceed 50 words) for Bulletin publication:  
Overseas Study in Mexico, Yucatan - Dentistry

11. Lecture Contact Hours: Fixed at 0 or Variable from \_\_\_\_\_ to \_\_\_\_\_

12. Non-Lecture Contact Hours: Fixed at 0 or Variable from \_\_\_\_\_ to \_\_\_\_\_

13. Estimated enrollment: 5 of which 100 percent are expected to be graduate students.

14. Frequency of scheduling: 1/year Will this course be required for majors? no

15. Justification for new course: administrative function for collecting fees

16. Are the necessary reading materials currently available in the appropriate library? NA

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: Stephanie Leslie Date 12/30/08  
Department Chairman/Division Director

Approved by: Wm Blomg Date 1/5/09  
Dean

\_\_\_\_\_  
Date \_\_\_\_\_  
Dean of Graduate School (when required)

\_\_\_\_\_  
Date \_\_\_\_\_  
Chancellor/Vice-President

\_\_\_\_\_  
Date \_\_\_\_\_  
University Enrollment Services

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.