

Course Change Request

Indiana University

TUPUI Campus

Check Appropriate Boxes: Undergraduate credit [ ] Graduate credit [ ] Professional credit [x]

- 1. School/Division School of Social Work
2. Academic Subject Code SWK-5 3. Current Course Number 5693 4. Current Credit Hours 3
5. Current Title Health Care Practice III
6. Effective Semester/Year for changes listed below: ASAP 7. Instructor:

Type of Change Requested (Check appropriate boxes and indicate changes)

- [ ] 8. Change course number to: (must be cleared with University Enrollment Services)
[x] 9. Current course title: Health Care Practice III
Change to: Health Care Practice II
Recommended abbreviation (optional)

(Limited to 32 Characters including spaces)

- [ ] 10. Current credit hours fixed at: or variable from: to
Change to credit hours fixed at: or variable from: to
[ ] 11. Current lecture contact hours fixed at: or variable from: to
Change to lecture contact hours fixed at: or variable from: to
[ ] 12. Current non-lecture contact hours fixed at: or variable from: to
Change to non-lecture contact hours fixed at: or variable from: to
[ ] 13. Is this course currently graded with S-F (only) grades? Yes No
Change to S-F (only) grading? Yes No
[ ] 14. Does this course presently have variable title approval? Yes No
Is variable title approval being requested? Yes No
[ ] 15. Is this course being discontinued? For all campuses or for this campus only
[ ] 16. Current course description

Change course description to (not to exceed 50 words)

17. Justification for change This course was always supposed to have been II inste... (Use additional paper if necessary) of III

- 18. Are the necessary reading materials currently available in the appropriate library?
19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of this 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: [Signature] Date Mar 30, 2009
Department Chairman/Division Director

Approved by: [Signature] Date 3/29/09
Dean

Dean of Graduate School (when required) Date
Chancellor/Vice-President Date
University Enrollment Services Date

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.