Course Change Request

Indiana University

Indianapolis Campus

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

1. School/Division Business
2. Academic Subject Code BUS
3. Current Course Number X551
4. Current Credit Hours 1.5
5. Current Title Career Management
6. Effective Semester/Year for changes listed below: Summer 09
7. Instructor: Robert Grimm

Type of Change Requested (Check appropriate boxes and indicate changes)
  [ ] 8. Change course number to: ____________________________ (must be cleared with University Enrollment Services)
  [ ] 9. Change course title: ____________________________
      Change to: ____________________________
      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 X No ____________________________
        Change to S-F (only) grading? Yes ______ No ______ Change to Graded Course Yes X 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 To motivate students to respect course content.
   (Use additional paper if necessary)

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: ____________________________ Date 10/2/08

[Signature]
Department Chairman/Division Director

Approved by: ____________________________ Date 10/31/08

[Signature]
Dean

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.

Dean of Graduate School (when required) ____________________________ Date ____________________________

Chancellor/Vice-President ____________________________ Date ____________________________

University Enrollment Services ____________________________ Date ____________________________