Course Change Request

Indiana University

IUPUI Campus

Check Appropriate Boxes: Undergraduate credit □ Graduate credit □ Professional credit □

1. School/Division: Medicine/Graduate
2. Academic Subject Code: Grad-6
3. Current Course Number: F712
4. Current Credit Hours: 1
5. Current Title: In vivo microvascular studies
6. Effective Semester/Year for changes listed below: Spring 2010
7. Instructor: Bohlen

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

☐ 8. Change course number to: G712 (must be cleared with University Enrollment Services)

☐ 9. Current course title:
Change to:
Recommended abbreviation (optional)

☐ 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: consistency with available PhD minors (Use additional paper if necessary)

18. Are the necessary reading materials currently available in the appropriate library? ___ yes ___

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: Michael Stuch Date 8/5/09
Department Chairman/Division Director

Approved by: John Rodgers Date 8/11/09
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.

UPS 725

University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow;
Department/Division—Pink; University Enrollment Services Advance—White