Course Change Request

Indiana University

IUPUI Campus

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

1. School/Division Medicine/Graduate
2. Academic Subject Code Grad-6
3. Current Course Number F713
4. Current Credit Hours 1
5. Current Title Angogenesis
6. Effective Semester/Year for changes listed below: Spring 2010
7. Instructor: Clausse

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

☐ 8. Change course number to: G713 (must be cleared with University Enrollment Services)
☐ 9. Current 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 ___ 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? ___________

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 Stroh Date 8/25/09
Department Chairman/Division Director

Approved by: ___________
Dean Date 8/31/09

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.