New Course Request

Indiana University

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

1. School/Division □ Liberal Arts
2. Academic Subject Code □ OUST-A
3. Course Number □ 590 (must be cleared with University Enrollment Services)
4. Instructor □ 0018G000
5. Course Title □ Overseas Study in Pimienta Corde, Honduras
   Recommended Abbreviation (Optional) □
   (Limited to 32 Characters including spaces)
6. First time this course is to be offered (Semester/Year): □ Spring 2010
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:
    This course is associated with the dentistry program in Honduras.

11. Lecture Contact Hours: Fixed at □ or Variable from □ to □
12. Non-Lecture Contact Hours: Fixed at □ or Variable from □ to □
13. Estimated enrollment: □ of which □ percent are expected to be graduate students.
14. Frequency of scheduling: □/year
   Will this course be required for majors? □ Yes □ No
15. Justification for new course: □ Administrative tracking function for participation in overseas programs
16. Are the necessary reading materials currently available in the appropriate library? □ Yes □ No
17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

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

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 11/30/09
Department Chairman/Division Director

Approved by:
[Signature] □ Date 12/01/09
Dean

[Signature] □ Date __________________
Chancellor/Vice-President

[Signature] □ 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.

UPS 724
University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow; Department/Division—Pink; University Enrollment Services Advance—White