

New Course Request

Indiana University

IUPUI

Campus

Check Appropriate Boxes:

Undergraduate credit

Graduate credit

Professional credit

1. School/Division Liberal Arts 2. Academic Subject Code OVST-D

3. Course Number 591 (must be cleared with University Enrollment Services) 4. Instructor 0001864061

5. Course Title Overseas Study in Mexico - Dentistry
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:
Course is associated with a study abroad program.

11. Lecture Contact Hours: Fixed at 0 or Variable from _____ to _____

12. Non-Lecture Contact Hours: Fixed at 0 or Variable from _____ to _____

13. Estimated enrollment: 15 of which 90 percent are expected to be graduate students.

14. Frequency of scheduling: 1/year Will this course be required for majors? NO

15. Justification for new course: Administrative function to track study abroad participation

16. Are the necessary reading materials currently available in the appropriate library? NA

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

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

19. 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 12/3/09
Department Chairman/Division Director

Approved by: Wm Blomquist Date 12/10/09
Dean

Date _____
Dean of Graduate School (when required)

Date _____
Chancellor/Vice-President

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.