

Course Change Request

Indiana University

Indianapolis Campus

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

1. School/Division Kelley School of BUiness
2. Academic Subject Code BUS-K 3. Current Course Number 503 4. Current Credit Hours 3.0
5. Current Title Quantitative Analysis
6. Effective Semester/Year for changes listed below: F Fall 2010 7. Instructor:

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

- 8. Change course number to: (must be cleared with University Enrollment Services)
9. Current course title: Change to: Recommended abbreviation (optional)
10. Current credit hours fixed at: 3.0 or variable from: to Change to credit hours fixed at: or variable from: 1.5 to 3.0
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 Kelley Indianapolis wishes to offer this as 1.5 hour course (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: [Signature] Date 4/9/10 Department Chairman/Division Director

Approved by: [Signature] Date 4/9/10 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.