Course Change Request

Indiana University  
IUPUI Campus

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

1. School/Division: Health & Rehab Sciences
2. Academic Subject Code: SHRS
3. Current Course Number: Z94
4. Current Credit Hours: 3
5. Current Title: Administration of Health Sciences Education
6. Effective Semester/Year for changes listed below: SP 11
7. Instructor: A. Agno

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

X 8. Change course number to: W594 (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:
   2 courses not part of Health Sciences
   (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:
Joye Mackinnon  Date 8/6/10
Department Chairman/Division Director

Approved by:
Joye Mackinnon  Date 8/6/10
Dean

Dean of Graduate School (when required)

Chancellor/Vice-President

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 725
University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow; Department/Division—Pink; University Enrollment Services Advance—White