

Course Change Request

Indiana University

Indianapolis Campus

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit

- 1. School/Division Science / Forensic and Investigative Sciences
- 2. Academic Subject Code FIS 3. Current Course Number 490 4. Current Credit Hours 1 to 4
- 5. Current Title Forensic Science Capstone
- 6. Effective Semester/Year for changes listed below: Fall 2008 7. Instructor: _____

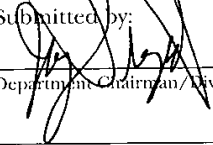
Type of Change Requested (Check appropriate boxes and indicate changes)

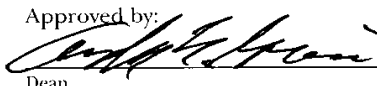
- 8. Change course number to: _____ (must be cleared with University Enrollment Services)
- 9. Current course title: _____
Change to: _____
Recommended abbreviation (optional) _____
(Limited to 32 Characters including spaces)
- 10. Current credit hours fixed at: _____ or variable from: 1 to 4
Change to credit hours fixed at: _____ or variable from: 1 to 5
- 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: 2 to 8
Change to non-lecture contact hours fixed at: _____ or variable from: 2 to 10
- 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 To allow for 5-credit hour enrollment.
(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:  Date 2/12/08
 Department Chairman/Division Director
 _____ Date _____
 Dean of Graduate School (when required)

Approved by:  Date 3/6/08
 Dean
 _____ 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.

PURDUE UNIVERSITY
 REQUEST FOR ADDITION, EXPIRATION,
 OR REVISION OF AN UNDERGRADUATE COURSE
 (100-400 LEVEL)

Print Form

Office of the Registrar
 FORM 40 REV. 9/06

DEPARTMENT School of Science

EFFECTIVE SESSION Fall 2008

INSTRUCTIONS: Please check the items below which describe the purpose of this request.

<input type="checkbox"/> 1. New course with supporting documents	<input type="checkbox"/> 7. Change in course attributes (department head signature only)
<input type="checkbox"/> 2. Add existing course offered at another campus	<input type="checkbox"/> 8. Change in instructional hours
<input type="checkbox"/> 3. Expiration of a course	<input type="checkbox"/> 9. Change in course description
<input type="checkbox"/> 4. Change in course number	<input type="checkbox"/> 10. Change in course requisites
<input type="checkbox"/> 5. Change in course title	<input type="checkbox"/> 11. Change in semesters offered (department head signature only)
<input checked="" type="checkbox"/> 6. Change in course credit/type	<input type="checkbox"/> 12. Transfer from one department to another

PROPOSED:	EXISTING:	TERMS OFFERED Check All That Apply:
Subject Abbreviation _____	Subject Abbreviation FIS _____	<input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring
Course Number _____	Course Number 490 _____	CAMPUS(ES) INVOLVED
Long Title Forensic Science Capstone _____		<input type="checkbox"/> Calumet <input type="checkbox"/> N. Central
Short Title _____		<input type="checkbox"/> Cont Ed <input type="checkbox"/> Tech Statewide
		<input checked="" type="checkbox"/> Ft. Wayne <input type="checkbox"/> W. Lafayette
		<input checked="" type="checkbox"/> Indianapolis

Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

CREDIT TYPE	COURSE ATTRIBUTES: Check All That Apply	
1. Fixed Credit: Cr. Hrs. _____	1. Pass/Not Pass Only <input type="checkbox"/>	7. Registration Approval Type
2. Variable Credit Range:	2. Satisfactory/Unsatisfactory Only <input type="checkbox"/>	Department <input type="checkbox"/> Instructor <input type="checkbox"/>
Minimum Cr. Hrs _____	3. Repeatable <input type="checkbox"/>	8. Variable Title <input type="checkbox"/>
(Check One) To <input checked="" type="checkbox"/> Or <input type="checkbox"/>	Maximum Repeatable Credit: _____	9. Remedial <input type="checkbox"/>
Maximum Cr. Hrs. _____	4. Credit by Examination <input type="checkbox"/>	10. Honors <input type="checkbox"/>
3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	5. Designator Required <input type="checkbox"/>	11. Full Time Privilege <input type="checkbox"/>
4. Thesis Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Special Fees <input type="checkbox"/>	12. Off Campus Experience <input type="checkbox"/>

Instructional Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium (Audio, Internet, Live, Text-Based, Video)	Cross-Listed Courses
Lecture							
Recitation							
Presentation							
Laboratory							
Lab Prep							
Studio							
Distance							
Clinic							
Experiential							
Research							
Ind. Study							
Pract/Observ							

COURSE DESCRIPTION (INCLUDE REQUISITES):

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____
Indianapolis Department Head _____ Date <u>2/17/08</u>	Indianapolis School Dean <u>[Signature]</u> Date <u>3/6/08</u>
North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____
	West Lafayette Registrar _____ Date _____

OFFICE OF THE REGISTRAR