Course Change Request

Indiana University

Indianapolis Campus

Check Appropriate Boxes:
- Undergraduate credit [X]
- 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)

[X] 8. Change course number to: ____________________________ (must be cleared with University Enrollment Services)
   Change to: ____________________________

   Recommended abbreviation (optional) ____________________________ (Limited to 50 Characters including spaces)

[X] 10. Current credit hours fixed at: ____________ or variable from: ____________ to ____________
    Change to credit hours fixed at: ____________ or variable from: ____________ to ____________

[X] 11. Current lecture contact hours fixed at: ____________ or variable from: ____________ to ____________
    Change to lecture contact hours fixed at: ____________ or variable from: ____________ to ____________

[X] 12. Current non-lecture contact hours fixed at: ____________ or variable from: ____________ to ____________
    Change to non-lecture contact hours fixed at: ____________ or variable from: ____________ to ____________

[X] 13. Is this course currently graded with S-F (only) grades? Yes [X] No [ ]

   Change to S-F (only) grading? Yes [ ] No [X]

[X] 14. Does this course presently have variable title approval? Yes [X] No [ ]

   Is variable title approval being requested? Yes [ ] No [X]

[X] 15. Is this course being discontinued? For all campuses [X] or for this campus only [ ]

[X] 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 [X]

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 ____________
Department/Division/Division Director

Date ____________
Dean of Graduate School (when required)

Approved by: ____________________________ 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.

UPS 725

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

REQUEST FOR ADDITION, EXPIRATION, OR REVISION OF AN UNDERGRADUATE COURSE

(100-400 LEVEL)

**DEPARTMENT** School of Science  
**EFFECTIVE SESSION** Fall 2008

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

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

**PROPOSED:**

<table>
<thead>
<tr>
<th>Subject Abbreviation</th>
<th>Subject Abbreviation RIS</th>
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| Course Number | Course Number 490 |

<table>
<thead>
<tr>
<th>Long Title</th>
<th>Forensic Science Capstone</th>
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<table>
<thead>
<tr>
<th>Short Title</th>
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Abbreviated title will be entered by the Office of the Registrar if omitted. (23 CHARACTERS ONLY)

**TERMS OFFERED:**

- [x] Summer
- [x] Fall
- [x] Spring

**CAMPUS(ES) INVOLVED:**

- Calumet
- Cont Ed
- Ft. Wayne
- [x] Indianapolis
- N. Central
- Tech Statewide
- W. Lafayette

**CREDIT TYPE**

<table>
<thead>
<tr>
<th>1. Fixed Credit</th>
<th>Credit Hrs.</th>
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<tr>
<td>2. Variable Credit Range:</td>
<td>Minimum Cr. Hrs.</td>
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<tr>
<td>(Check One) To</td>
<td>Or</td>
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<tr>
<td>Maximum Cr. Hrs.</td>
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<tr>
<th>3. Equivalent Credit:</th>
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<td>4. Thesis Credit:</td>
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<tr>
<th>Instructional Type</th>
<th>Minutes Per Mtg</th>
<th>Meetings Per Week</th>
<th>Weeks Offered</th>
<th>% of Credit Allocated</th>
<th>Delivery Method (Asyn. Or Sym.)</th>
<th>Delivery Medium (Audio, Internet, Live, Text-Based, Video)</th>
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**COURSE ATTRIBUTES:**

- [ ] 1. Pass/Not Pass Only
- [ ] 2. Satisfactory/Unsatisfactory Only
- [ ] 3. Repeatable
- [ ] Maximum Repeatable Credit
- [ ] 4. Credit by Examination
- [ ] 5. Designator Required
- [ ] 6. Special Fees
- [ ] 7. Registration Approval Type
  - Department
  - Instructor
- [ ] 8. Variable Title
- [ ] 9. Remedial
- [ ] 10. Honors
- [ ] 11. Full Time Privilege
- [ ] 12. Off Campus Experience

**COURSE DESCRIPTION (INCLUDE REQUISITES):**

**Column Department Head**  
**Date**

**Column School Dean**  
**Date**

**Fort Wayne Department Head**  
**Date**

**Fort Wayne School Dean**  
**Date**

**Indianapolis Department Head**  
**Date**

**Indianapolis School Dean**  
**Date**

**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**