

Course Change Request

Indiana University

Indianapolis

Campus

Check Appropriate Boxes:

Undergraduate credit

Graduate credit

Professional credit

1. School/Division Science / Department of Chemistry and Chemical Biology  
 2. Academic Subject Code CHEM-C 3. Current Course Number 311 4. Current Credit Hours 2.0  
 5. Current Title Analytical Chem Laboratory  
 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: Analytical Chem Laboratory  
 Change to: Analytical Chemistry Laboratory  
 Recommended abbreviation (optional) \_\_\_\_\_  
 (Limited to 32 Characters including spaces)  
 10. Current credit hours fixed at: 2 or variable from: \_\_\_\_\_ to \_\_\_\_\_  
 Change to credit hours fixed at: 1 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 P: C106 and C126. Fall. Laboratory instruction in fundamental analytical processes including solution equilibria, theory and applications of electrochemistry and spectrophotometry, and chemical methods of separation.

Change course description to (not to exceed 50 words) P or C: C310. Fall. Laboratory instruction in the fundamental analytical techniques discussed in C310.

17. Justification for change Reduce credit hours in lab as C310 lecture will be taught again as a separate 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: Jay Siegel Date 3/31/08  
Department Chairman/Division Director

Approved by: [Signature] Date 3/31/08  
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.

DEPARTMENT Chemistry and Chemical Biology

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 checked="" type="checkbox"/> 8. Change in instructional hours                                 |
| <input type="checkbox"/> 3. Expiration of a course                        | <input checked="" type="checkbox"/> 9. Change in course description                                  |
| <input type="checkbox"/> 4. Change in course number                       | <input checked="" type="checkbox"/> 10. Change in course requisites                                  |
| <input checked="" type="checkbox"/> 5. Change in course title             | <input checked="" 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:**

Subject Abbreviation \_\_\_\_\_ Subject Abbreviation CHEM-C  
 Course Number \_\_\_\_\_ Course Number 311  
 Long Title Analytical Chemistry Laboratory change from existing Analytical Chem Laboratory  
 Short Title \_\_\_\_\_

**TERMS OFFERED**  
Check All That Apply:

Summer     Fall     Spring

**CAMPUS(ES) INVOLVED**

<input type="checkbox"/> Calumet	<input type="checkbox"/> N. Central
<input type="checkbox"/> Cont Ed	<input type="checkbox"/> Tech Statewide
<input 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**

1. Fixed Credit: Cr. Hrs. 1

2. Variable Credit Range:  
 Minimum Cr. Hrs. \_\_\_\_\_  
 (Check One) To  Or   
 Maximum Cr. Hrs. \_\_\_\_\_

3. Equivalent Credit: Yes  No

4. Thesis Credit: Yes  No

**COURSE ATTRIBUTES: Check All That Apply**

<input type="checkbox"/> 1. Pass/Not Pass Only	<input type="checkbox"/> 7. Registration Approval Type
<input type="checkbox"/> 2. Satisfactory/Unsatisfactory Only	Department <input type="checkbox"/> Instructor <input type="checkbox"/>
<input type="checkbox"/> 3. Repeatable	8. Variable Title
Maximum Repeatable Credit: _____	9. Remedial
<input type="checkbox"/> 4. Credit by Examination	10. Honors
<input type="checkbox"/> 5. Designator Required	11. Full Time Privilege
<input checked="" type="checkbox"/> 6. Special Fees	12. Off Campus Experience

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)
Lecture	110	1	16	100	Syn.	Live
Recitation						
Presentation						
Laboratory						
Lab Prep						
Studio						
Distance						
Clinic						
Experiential						
Research						
Ind. Study						
Pract/Observ						

**Cross-Listed Courses**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES):**

P or C: C310. Fall. Laboratory instruction in the fundamental analytical techniques discussed in C310.

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____
Indianapolis Department Head <u>[Signature]</u> <u>3/31/08</u> Date	Indianapolis School Dean <u>[Signature]</u> <u>3/21/08</u> 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 _____