### Course Change Request

**Indiana University**

**IUB & IUPUI Campus**

**Check Appropriate Boxes:**
- Undergraduate credit [x]
- Graduate credit [ ]
- Professional credit [ ]

1. **School/Division**: School of Public and Environmental Affairs
2. **Academic Subject Code**: SPEA
3. **Current Course Number**: H 432
4. **Current Credit Hours**: 3
5. **Current Title**: Health Care Marketing
6. **Effective Semester/Year for changes listed below**: Spring 2009
7. **Instructor**: various

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

**[x]** 8. Change course number to **SPEA-S 432** (must be cleared with University Enrollment Services)
**[x]** 9. Current course title: Health Care Marketing
   
   **Change to:** Honors - Health Care Marketing
   
   **Recommended abbreviation (optional)**

   (Limited to 22 Characters including spaces)

**☐** 10. Current credit hours fixed at: ____________ or variable from: ____________ to ____________

**☐** 11. Current lecture contact hours fixed at: ____________ or variable from: ____________ to ____________

**☐** 12. Current non-lecture contact hours fixed at: ____________ or variable from: ____________ to ____________

**☐** 13. Is this course currently graded with S-F (only) grades? **Yes** **No**

**☐** 14. Does this course presently have variable title approval? **Yes** **No**

**☐** 15. Is variable title approval being requested? **Yes** **No**

**☐** 16. Current course description **Unchanged -same description as is on file.**

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**For SPEA-S 432:**

This course is designed for students of superior ability. Requires consent of SPEA Honors Advisor. Course covers same materials as SPEA-H432. Honors students will complete advanced coursework.

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17. **Justification for change** To establish SPEA Honors Program; retain SPEA-H 432 in course inventory.

(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: **3/18/08**

**Department Chairman/Division Director**

**Dean of Graduate School (when required)**

**Approved by:**

[Signature]

Date: **3/24/08**

**Dean**

**Chancellor/Vice-President**

**University Enrollment Services**

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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.

**UP 725**

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