

New Course Request

Indiana University

Indianapolis Campus

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit

1. School/Division Science / Biology 2. Academic Subject Code BIOL-N

3. Course Number 399 (must be cleared with University Enrollment Services) 4. Instructor _____

5. Course Title Special Topics in Biology

Recommended Abbreviation (Optional) _____
(Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): Spring 2009

7. Credit Hours: Fixed at _____ or Variable from 1 to 3

8. Is this course to be graded S-F (only)? Yes _____ No X

9. Is variable title approval being requested? Yes X No _____

10. Course description (not to exceed 50 words) for Bulletin publication: P: Prerequisites will be announced at the time of the variable-topic course offering. A variable-topic course dealing with current topics in biology.

11. Lecture Contact Hours: Fixed at _____ or Variable from 1 to 3

12. Non-Lecture Contact Hours: Fixed at _____ or Variable from _____ to _____

13. Estimated enrollment: 25 of which 0 percent are expected to be graduate students.

14. Frequency of scheduling: as needed Will this course be required for majors? No.

15. Justification for new course: To respond to the changing content in biology and its applications.

16. Are the necessary reading materials currently available in the appropriate library? Yes.

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new 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 5/9/08
Department Chairman/Division Director

Approved by: [Signature] Date 6/25/08
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 School of Science, Department of Biology

EFFECTIVE SESSION Spring 2009

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

<input checked="" 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 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 <u>BIOL</u>	Subject Abbreviation _____	<input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring
Course Number <u>399N</u>	Course Number _____	CAMPUS(ES) INVOLVED
Long Title <u>Special Topics in Biology</u>		<input type="checkbox"/> Calumet <input type="checkbox"/> N. Central
Short Title _____		<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	COURSE ATTRIBUTES: Check All That Apply
1. Fixed Credit: Cr. Hrs. <input type="text"/>	1. Pass/Not Pass Only <input type="checkbox"/>
2. Variable Credit Range: Minimum Cr. Hrs. <input type="text"/>	2. Satisfactory/Unsatisfactory Only <input type="checkbox"/>
(Check One) To <input checked="" type="checkbox"/> Or <input type="checkbox"/>	3. Repeatable <input type="checkbox"/>
Maximum Cr. Hrs. <input type="text"/>	Maximum Repeatable Credit: <input type="text"/>
3. Equivalent Credit: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	4. Credit by Examination <input type="checkbox"/>
4. Thesis Credit: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5. Designator Required <input type="checkbox"/>
	6. Special Fees <input type="checkbox"/>
	7. Registration Approval Type Department <input type="checkbox"/> Instructor <input type="checkbox"/>
	8. Variable Title <input type="checkbox"/>
	9. Remedial <input type="checkbox"/>
	10. Honors <input type="checkbox"/>
	11. Full Time Privilege <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):

P: Prerequisites will be announced at the time of the variable-topic course offering. A variable-topic course dealing with current topics in biology.

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____
<i>Wheeler</i> _____ Date <u>5/9/08</u>	<i>Andrew P. Quinn</i> _____ Date <u>6/29/08</u>
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 _____