# Course Change Request

**Indiana University**  
**Indianapolis Campus**

Check Appropriate Boxes:  
- Undergraduate credit ☑  
- Graduate credit ☐  
- Professional credit ☐

1. School/Division: **Kelley School of Business**  
2. Academic Subject Code: **BUS**  
3. Current Course Number: **W494**  
4. Current Credit Hours: **3**

5. Current Title: **Herman B Wells Seminar in Leadership**

6. Effective Semester/Year for changes listed below: **Spring 2009**

7. Instructor: ____

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

- [x] Change course number to: **Z494** *(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: ___________ 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 ____

   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 Align Kelley with the same change being made in Kelley Bloomington**

   *(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: ________________  
Department Chairman/Division Director

Date _____________

Approved by: ________________  
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.

UPS 725  
University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow;  
Department/Division—Pink; University Enrollment Services Advance—White