Course Change Request

Indiana University

Indianapolis Campus

Check Appropriate Boxes: Undergraduate credit [ ] Graduate credit [ ] Professional credit [ ]

1. School/Division: Informatics
2. Academic Subject Code: HIA-II
3. Current Course Number: 442
4. Current Credit Hours: 4

5. Current Title: Professional Practice Experience II
6. Effective Semester/Year for changes listed below: Spring 2010
7. Instructor: Walker, R

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

☐ 8. Change course number to: ____________________________ (must be cleared with University Enrollment Services)
   Change to: ____________________________
   Recommended abbreviation (optional) __________________________________________ (Limited to 32 Characters including spaces)

☐ 9. Current course title:
   Change to: ____________________________

☐ 10. Current credit hours fixed at: 4 or variable from: ___________ to ___________.
    Change to credit hours fixed at: ____________________________ 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
   ____________________________________________
   ____________________________________________
   ____________________________________________

   Change course description to (not to exceed 50 words)
   ____________________________________________
   ____________________________________________
   ____________________________________________

17. Justification for change: Redesign of curriculum
   (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: 11/20/08

Dean of Graduate School (when required)

Approved by:

[Signature]

Date: 11/00-09

Program Director

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.