New Course Request

Indiana University

IUSPTI Campus

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

1. School/Division Liberal Arts
2. Academic Subject Code OVST - A
3. Course Number 491 (must be cleared with University Enrollment Services)
4. Instructor 0001864061
5. Course Title Overseas study in Australia - Anthropology
   Recommended Abbreviation (Optional) (Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): Summer 2009
7. Credit Hours: Fixed at [ ] or Variable from _________ to _________
8. Is this course to be graded S-F (only)? Yes [x] No [ ]
9. Is variable title approval being requested? Yes [ ] No [x]
10. Course description (not to exceed 50 words) for Bulletin publication: This course is associated with the Liberal Arts - Anthropology - Australia program.

11. Lecture Contact Hours: Fixed at [ ] or Variable from _________ to _________
12. Non-Lecture Contact Hours: Fixed at [ ] or Variable from _________ to _________
13. Estimated enrollment: 6 of which 0% percent are expected to be graduate students.
14. Frequency of scheduling: [x]/year Will this course be required for majors? [x] No
15. Justification for new course: Administrative function to collect fees
16. Are the necessary reading materials currently available in the appropriate library? [x] NA
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]

[Name]

Date: 10/6/08

Department Chairman/Division Director

Approved by:

[Signature]

[Name]

Date: 11/10/08

Dean

[Signature]

[Name]

Date: ______________

Chancellor/Vice-President

[Signature]

[Name]

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 724

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