New Course Request

Indiana University

LUPUI Campus

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

1. School/Division: Liberal Arts
2. Academic Subject Code: OUST-E
3. Course Number: 492 (must be cleared with University Enrollment Services)
4. Instructor: 0001864061
5. Course Title: Overseas study in Germany - TCEM
   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 0 or Variable from ________ to ________

8. Is this course to be graded S-F (only)? Yes [ ] No [✓]

9. Is variable title approval being requested? Yes [ ] No [✓]

10. Course description (not to exceed 50 words) for Bulletin publication: This course is associated with the Tourism, Conventions, and Event Management - Germany program.

11. Lecture Contact Hours: Fixed at 0 or Variable from ________ to ________

12. Non-Lecture Contact Hours: Fixed at 0 or Variable from ________ to ________

13. Estimated enrollment: 2 of which 0 percent are expected to be graduate students.

14. Frequency of scheduling: 3/year Will this course be required for majors? No

15. Justification for new course: Administrative function to collect fees.

16. Are the necessary reading materials currently available in the appropriate library? 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]
Department Chairman/Division Director
Date: 10/6/08

Approved by: [Signature]
[Name]
Dean
Date: 11/10/08

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.

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