New Course Request

Indiana University

Check Appropriate Boxes: Undergraduate credit \(\checkmark\) Graduate credit \(\square\) Professional credit \(\square\)

1. School/Division SHRS / Dept. of Health Sciences
2. Academic Subject Code SHRS

3. Course Number N420

4. Instructor J. Ernst

5. Course Title Human Nutrition Through the Lifespan

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

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

7. Credit Hours: Fixed at 3 or Variable from \underline{\hspace{2cm}}

8. Is this course to be graded S-F (only)? Yes \underline{\hspace{0.5cm}} No \(\checkmark\)

9. Is variable title approval being requested? Yes \underline{\hspace{0.5cm}} No \(\checkmark\)

10. Course description (not to exceed 50 words) for Bulletin publication:

The study of nutritional needs during different stages of the human life cycle from pregnancy and lactation through infancy, childhood, adolescence and adulthood to later maturity, including an introduction to cultural food patterns, principles of nutrition assessment and agencies offering nutrition services.

11. Lecture Contact Hours: Fixed at 42 or Variable from \underline{\hspace{2cm}}

12. Non-Lecture Contact Hours: Fixed at \underline{\hspace{2cm}} or Variable from \underline{\hspace{2cm}}

13. Estimated enrollment: 30 of which 0 percent are expected to be graduate students.

14. Frequency of scheduling: Once per year \underline{\hspace{0.5cm}} Will this course be required for majors? Yes \underline{\hspace{0.5cm}}

15. Justification for new course: Required for new Baccalaureate degree

16. Are the necessary reading materials currently available in the appropriate library? Yes \underline{\hspace{0.5cm}}

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. At one of the fall 2008 IUPUI Dean’s Council meetings, all deans were provided with a list of proposed courses for the undergraduate certificates as part of the proposed undergraduate BS in Health Sciences, and were asked to provide feedback.

Submitted by:

\underline{\hspace{2cm}}\hspace{0.5cm}\underline{\hspace{2cm}} \hspace{0.5cm}Date 4/3/09

Department Chairman/Division Director

\underline{\hspace{2cm}}\hspace{0.5cm}\underline{\hspace{2cm}} \hspace{0.5cm}Date

Dean of Graduate School (when required)

Approved by:

\underline{\hspace{2cm}}\hspace{0.5cm}\underline{\hspace{2cm}} \hspace{0.5cm}Date 4/3/09

Dean

\underline{\hspace{2cm}}\hspace{0.5cm}\underline{\hspace{2cm}} \hspace{0.5cm}Date

Chancellor/Vice-President

\underline{\hspace{2cm}}\hspace{0.5cm}\underline{\hspace{2cm}} \hspace{0.5cm}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.

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

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