New Course Request

Indiana University

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

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

3. Course Number: W110 (must be cleared with University Enrollment Services)
4. Instructor: ____________________________

5. Course Title: Diversity Issues in Health and Rehabilitation Services

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 _____________ to _____________

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

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

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

Designed to prepare students to appreciate diversity and understand the interrelationship of race, gender, culture, and ethnicity and how they affect access and use of health and rehabilitation services.

11. Lecture Contact Hours: Fixed at ___42_____ or Variable from _____________ to _____________

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

13. Estimated enrollment: ___30_________ of which _______0_____ percent are expected to be graduate students.

14. Frequency of scheduling: Once per year [ ] Will this course be required for majors? Yes [ ]

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

16. Are the necessary reading materials currently available in the appropriate library? Yes [ ]

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:
Joyce L. MacKinnon Date 4/3/09
Department Chairman/Division Director

Dean of Graduate School (when required)

Approved by:
Augustine O. Ade Date 4/3/09
Dean

Chancellor/Vice-President

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.