New Course Request  Indiana University

Check Appropriate Boxes:  Undergraduate credit ☑  Graduate credit ☐  Professional credit ☐

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

3. Course Number:  W210  (must be cleared with University Enrollment Services)

4. Instructor:  Betsy A. Sajdak

Course Title:  Introduction to Rehabilitation

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 ☐

9. Is variable title approval being requested?  Yes ☑  No ☐

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

Understanding the historical, philosophical, and organizational context of the rehabilitation profession within the health care delivery system. Based on the premise that understanding of and respect for health professionals is critical for effective functioning as a member of a health care team. Emphasizes expectations of students as beginning health professionals.

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:

Department Chairman/Division Director  Date 4/3/09

Dean of Graduate School (when required)  Date

Approved by:

Dean  Date 4/3/09

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.