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  W211  (must be cleared with University Enrollment Services)  4. Instructor  

5. Course Title  Orientation to Health and Rehabilitation Professions

Recommended Abbreviation (Optional)  

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

7. Credit Hours:  Fixed at 2 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:

The major purpose of this course is to provide students with information to assist them in becoming acquainted with selected undergraduate and graduate health and rehabilitation science disciplines. Students will obtain information to develop realistic educational and careers. NOT OPEN TO STUDENTS WHO ENROLLED IN A HEALTH CAREERS LEARNING SEMINAR.

11. Lecture Contact Hours:  Fixed at 30 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)  

Approved by:  

Dean  

Date  4/3/09

Chancellor/Vice-President  

Date  

University Enrollment Services  

Date  

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.

UAPS 724

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