New Course Request 

Indiana University 

Indianapolis Campus 

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: W360 (must be cleared with University Enrollment Services) 
4. Instructor: A. Agho, PhD 
5. Course Title: Access and Utilization of 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 [X] No [ ] 
9. Is variable title approval being requested? Yes [X] No [ ] 
10. Course description (not to exceed 50 words) for Bulletin publication: 

Designed to provide students with an overview of the social, economic, financial, medical technology, and cultural factors influencing access and use of rehabilitation services in the United States. Students will examine the evolution of rehabilitation services within the context of the evolution of health care in the United States. 

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: 

[Signature] Date 4/3/09 
Department Chairman/Division Director 

[Signature] Date 4/3/09 
Dean 

[Signature] Date 
Chancellor/Vice-President 

[Signature] 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. 

UPS 724 University Enrollment Services Final—White, Chancellor/Vice-President—Blue, School/Division—Yellow, Department/Division—Pink; University Enrollment Services Advance—White