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: W361 (must be cleared with University Enrollment Services)
4. Instructor: Christina Muschi-Brunt

5. Course Title: Health Promotion and Disease Prevention

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:

Understanding the personal, cultural, and environmental factors affecting participation in health promotion and disease prevention activities; examining the application and relevance of the concepts of health, wellness, health promotion, and health education and a wide range of content specific topics in health promotion and disease prevention.

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 _______ No _______

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

16. Are the necessary reading materials currently available in the appropriate library? _______ Yes _______ No _______

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 ____________

Dean of Graduate School (when required)

Date ____________

Approved by:

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