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 W362 (must be cleared with University Enrollment Services)
4. Instructor Dan Strunk
5. Course Title Legal and Regulatory Aspects in 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 [X]
9. Is variable title approval being requested? Yes ___ No [X]
10. Course description (not to exceed 50 words) for Bulletin publication:

Assisting students in the understanding of legal and regulatory challenges faced by rehabilitation professionals, covering legal issues in counseling and case management, and significant rehabilitation-related legislation in the United States from 1917 to the present.

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

Dean of Graduate School (when required)
Date

Approved by:

[Signature]
Dean
Date 4/3/09

[Signature]
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.