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 W440 (must be cleared with University Enrollment Services) 4. Instructor

5. Course Title Program Evaluation Methods 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:

This course will provide a broad overview of the application program evaluation methods in rehabilitation and the strategies used in program evaluation, focusing on scientific principles that may be instrumental in informing policies and programs aimed at improving the health on individuals and communities.

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]

Dean of Graduate School [when required] Date

Approved by:

[Signature] Date 4/3/09

[Dean]

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.

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