New Course Request

Indiana University

Indianapolis Campus

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: W441 (must be cleared with University Enrollment Services)
4. Instructor: Betsy A. Sajdak

5. Course Title: Administration and Supervision of Rehabilitation Organizations

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:

Designed to provide an overview of rehabilitation organizations and teach students the foundations of administration, supervision, and coordination of rehabilitation agencies. Discussions will cover the major theories of leadership, management, and organizational communication.

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:
Loyle L. MacKinnon Date 4/3/09
Department Chairman/Division Director

Date
Dean of Graduate School (when required)

Approved by:
J. Augustine O’Ash Date 4/3/09
Dean

Date
Chancellor/Vice-President

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