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: W470 (must be cleared with University Enrollment Services)
4. Instructor: N/A
5. Course Title: Independent Study in Health and Rehabilitation

Recommended Abbreviation (Optional)

6. First time this course is to be offered (Semester/Year):
   Fall, 2009

7. Credit Hours: Fixed at ________ or Variable from _______ to _______

8. Is this course to be graded S-F (only)? Yes ___ No ___

9. Is variable title approval being requested? Yes ___ No ___

10. Course description (not to exceed 50 words) for Bulletin publication:

The purpose of this course is to give students the opportunity to do independent study and research in their area of interest. No formal lecture. Permission of Department Chair and instructor supervising the work will be required.

11. Lecture Contact Hours: Fixed at ________ or Variable from _______ to _______

12. Non-Lecture Contact Hours: Fixed at ________ or Variable from _______ to _______

13. Estimated enrollment: ______ of which ______ percent are expected to be graduate students.

14. Frequency of scheduling: Once per year Will this course be required for majors? No

15. Justification for new course: Available as part of new Baccalaureate degree program

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

Approved by:

[Signature]
Dean

Date 4/3/09

Dean of Graduate School (when required)

Date

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.

UPS 724

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