

**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 W470 (must be cleared with University Enrollment Services) 4. Instructor N/A

5. Course Title Independent Study in Health and 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 \_\_\_\_\_ or Variable from 1 to 3

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:

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 15 to 42

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? 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:  
Loyce L Mackinnon Date 4/3/09  
Department Chairman/Division Director

\_\_\_\_\_  
Date \_\_\_\_\_  
Dean of Graduate School (when required)

Approved by:  
Augustine O. Agho 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.