Course Change Request

Indiana University

IUPUI Campus

Check Appropriate Boxes: Undergraduate credit [X] Graduate credit [ ] Professional credit [ ]

1. School/Division: Business
2. Academic Subject Code: Bus
3. Current Course Number: X302
4. Current Credit Hours: 1
5. Current Title: Communications Core II
6. Effective Semester/Year for changes listed below: Fall 09
7. Instructor: Susan Gauble

Type of Change Requested (Check appropriate boxes and indicate changes)

[X] 8. Change course number to: A302 (must be cleared with University Enrollment Services)

[X] 9. Current course title: Communications Core II

Change to: Tax Research

Recommended abbreviation (optional) (Limited to 32 characters including spaces)

10. Current credit hours fixed at: __________ or variable from: __________ to __________

Change to credit hours fixed at: __________ or variable from: __________ to __________

11. Current lecture contact hours fixed at: __________ or variable from: __________ to __________

Change to lecture contact hours fixed at: __________ or variable from: __________ to __________

12. Current non-lecture contact hours fixed at: __________ or variable from: __________ to __________

Change to non-lecture contact hours fixed at: __________ or variable from: __________ to __________

13. Is this course currently graded with S-F (only) grades? Yes ____ No ____

Change to S-F (only) grading? Yes ____ No ____

14. Does this course presently have variable title approval? Yes ____ No ____

Is variable title approval being requested? Yes ____ No ____

15. Is this course being discontinued? For all campuses ____ or for this campus only ____

16. Current course description

17. Justification for change: Change to an accounting course number so that the IN Board of Accountancy will recognize toward meeting (the) additional paper if necessary) CPA requirements.*

18. Are the necessary reading materials currently available in the appropriate library? __________

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of this course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: __________________________ Date: 2/12/09

Department Chairman/Division Director

Approved by: __________________________ Date: 2/14/09

Dean

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 725

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

*Change course title to better reflect the topic of the course.