Course Change Request

Indiana University

IUPUI Campus

Check Appropriate Boxes: Undergraduate credit
Graduate credit
Professional credit

1. School/Division: School of Medicine - HPP (Radiation Therapy Program)
2. Academic Subject Code: RAON
3. Current Course Number: J450
4. Current Credit Hours: 4
5. Current Title: Clinical Practicum II

6. Effective Semester/Year for changes listed below: Summer I / 2010
7. Instructor: Judith Schneider

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

☐ 8. Change course number to: ___________________________ (must be cleared with University Enrollment Services)

☐ 9. Current course title: ___________________________

Change to: ___________________________

Recommended abbreviation (optional) ___________________________

(Limited to 32 Characters including spaces)

X ☑ 10. Current credit hours fixed at: 4 or variable from: ___________________________ to ___________________________

Change to credit hours fixed at: 3 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 ___________________________

Change course description to (not to exceed 50 words) ___________________________

17. Justification for change: Decrease in clinical hours assigned

(Use additional paper if necessary)

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: ___________________________
Department Chairman/Division Director
Date 8/1/2009

Approve by: ___________________________
Dean
Date 8/18/09

Dean of Graduate School (when required)
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.

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