Course Change Request

Indiana University

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: J451
4. Current Credit Hours: 6
5. Current Title: Clinical Practicum III
6. Effective Semester/Year for changes listed below: Summer II / 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. Change course title:

Change to:

Recommended abbreviation (optional) ____________________________ (Limited to 32 Characters including spaces)

☑ 10. Current credit hours fixed at: 6 or variable from: ____________ to ____________

Change to credit hours fixed at: 2 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: ____________________________ Date: 8/4/2009

Department Chairman/Division Director

__________________________

Dean

__________________________

Chancellor/Vice-President

__________________________

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.