Course Change Request

Indiana University

Check Appropriate Boxes: Undergraduate credit ☒ Graduate credit ☐ Professional credit ☐

1. School/Division: Hecron
2. Academic Subject Code: HEP-D
3. Current Course Number: 257
4. Current Credit Hours: 2
5. Current Title: Anatomy
6. Effective Semester/Year for changes listed below: 4/27
7. Instructor: Varies

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)

☐ 10. Current credit hours fixed at: 2 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: All electives are now 3 credits.

(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 notified.

Submitted by:

Date: 10/8/09

Department Chairman/Division Director

Approved by:

Date: 10/20/09

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.

U.P.S. 725
University Enrollment Services Final—White: Chancellor/Vice-President—Blue: School/Division—Yellow: Department/Division—Pink: University Enrollment Services Arkwro—White