

Course Change Request

Indiana University

Campus

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit

1. School/Division Herron
2. Academic Subject Code HEP-D 3. Current Course Number 251 4. Current Credit Hours 2
5. Current Title Anatomy
6. Effective Semester/Year for changes listed below: 4102 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 consulted.

Submitted by: C. Robinson Date 10/8/09
Department Chairman/Division Director

Approved by: Valerie Erikman Date 10/20/09
Dean

Date _____
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.