Course Change Request

Indiana University

Indianapolis Campus

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

1. School/Division: Informatics
2. Academic Subject Code: HIA-M
3. Current Course Number: 330
4. Current Credit Hours: 2
5. Current Title: Medical Terminology
6. Effective Semester/Year for changes listed below: 4108
7. Instructor: TBA

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: _____ or variable from: _____ to _____

☐ 11. Current lecture contact hours fixed at: 2 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: The change is being prompted by modifications to the coding and reporting systems of the International Classification of Diseases used by Health Information Management professionals.

18. Are the necessary reading materials currently available in the appropriate library? Yes ☑ No ☐

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 11-2-09

Department Chairman/Division Director

Approved by:

Date

Dean

Date

Chancellor/Vice-President

Date

Dean of Graduate School (when required)

Date

University Enrollment Services