

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: 3 or variable from: _____ to _____

11. Current lecture contact hours fixed at: 2 or variable from: _____ to _____
Change to lecture contact hours fixed at: 3 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: [Signature] Date 11-2-09
Department Chairman/Division Director

Approved by: [Signature] Date _____
Dean

Date _____
Dean of Graduate School (when required)

Date _____
Chancellor/Vice-President

Date _____
University Enrollment Services