Course Change Request

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

1. School/Division: Informatics
2. Academic Subject Code HIA-M
3. Current Course Number 442
4. Current Credit Hours 1-4
5. Current Title: Professional Practice Experience II
6. Effective Semester/Year for changes listed below: 4112
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: Professional Practice Experience II
Change to: Transitional Professional Practicum in Health Information Management II
Recommended abbreviation (optional) (Limited to 32 Characters including spaces)

☒ 10. Current credit hours fixed at: _____ or variable from: 1 to 4
Change to credit hours fixed at: _____ or variable from: 1 to 8

☒ 11. Current lecture contact hours fixed at: _____ or variable from: 1 to 4
Change to lecture contact hours fixed at: _____ or variable from: 1 to 8

☐ 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: This course is a continuation of M441. Supervised laboratory practice with onsite observations of medical technical and administrative systems. Study in the function of health information management procedures in the clinical setting.

Change course description to (not to exceed 50 words): This course is a continuation of HIA-M 441 and includes professionally supervised experience in an approved clinical site as well as practicum experience in the classroom.

17. Justification for change: Course needed for students transitioning from an AS to a BS degree in Health Information Administration

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 ________

University Enrollment Services

Dean of Graduate School (when required)