Course Change Request

Indiana University
Indianapolis Campus

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

1. School/Division Science / Department of Psychology
2. Academic Subject Code PSY-B
3. Current Course Number 481
4. Current Credit Hours 3.0
5. Current Title Capstone Laboratory in Clinical Rehabilitation Psychology
6. Effective Semester/Year for changes listed below: Fall 2009
7. Instructor:

Type of Change Requested (Check appropriate boxes and indicate changes)

☐ 8. Change course number to:
☐ 9. Current course title: Capstone Laboratory in Clinical Rehabilitation Psychology
Change to: Capstone Laboratory in Clinical Psychology
Recommended abbreviation (optional) Capstone Lab in Clinical Psych
(Limited to 32 Characters including spaces)

☐ 10. Current credit hours fixed at: or variable from: to
Change to credit hours fixed at: 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 To better reflect the curriculum by removing "rehabilitation."
(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:

[Signature]
Department Chair/Division Director

Date 10/05/09

Approved by:

[Signature]
Dean

Date 10-26-09

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.

University Enrollment Services Final—White: Chancellor/Vice-President—Blue: School/Division—Yellow: Department/Division—Pink: University Enrollment Services Advance—White