

Course Change Request

Indiana University

Indianapolis Campus

Check Appropriate Boxes: Undergraduate credit [X] Graduate credit [] Professional credit []

1. School/Division Science / Department of Psychology
2. Academic Subject Code PSY-B 3. Current Course Number 482 4. Current Credit Hours
5. Current Title Capstone Practicum 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: (must be cleared with University Enrollment Services)
9. Current course title: Capstone Practicum in Clinical Rehabilitation Psychology
Change to: Capstone Practicum in Clinical Psychology
Recommended abbreviation (optional)
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] Date 10/8/09
Department Chairman/Division Director

Approved by: [Signature] Date 10-26-09
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.