Course Change Request

Indiana University

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: 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) _____________________________ (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: __________________________ Date: 10/8/09

Assistant Dean of Graduate School: __________________________ Date: __________________

Department Chairperson/Director: __________________________ Date: 10/8/09

Approved by: __________________________ Date: 10/26/09

Dean: __________________________ Date: __________________

Chancellor/Vice-President: __________________________ Date: __________________

University Enrollment Services: __________________________ Date: __________________

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.