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: 443
4. Current Credit Hours: 8
5. Current Title: Professional Practicum in health Information Management
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: 8 or variable from: _____ to _____
   Change to credit hours fixed at: _____ or variable from: 1 to 8
☐ 11. Current lecture contact hours fixed at: 8 or variable from: _____ to _____
   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: _____
   Change course description to (not to exceed 50 words): _____

17. Justification for change: Initial New Course Request Form was in error regarding credit hours.

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] 1-27-10
Dean Chair/Division Director

Approved by: [Signature] 1-27-10
Dean

Date [Signature] 1-27-10
Chancellor/Vice-President

Date [Signature] 1-27-10
University Enrollment Services