Course Change Request

Indiana University

IUPUI Campus

Check Appropriate Boxes:
- Undergraduate credit [✓]
- Graduate credit [ ]
- Professional credit [ ]

1. School/Division: IUPUI Honors College
2. Academic Subject Code: HON
3. Current Course Number: HON 298
4. Current Credit Hours: VAR
5. Current Title: Honors Topics
6. Effective Semester/Year for changes listed below: Fall 2010
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: ____________________
   Change to: ____________________
   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

(Use additional paper if necessary)

18. Are the necessary reading materials currently available in the appropriate library? YES

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 __________
Department Chairman/Division Director

Date __________
Dean of Graduate School (when required)

Date __________
Chancellor/Vice-President

Date __________
University Enrollment Services

Approved by: ____________________ Date __________
Dean

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.

UPS 725
University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow;
Department/Division—Pink; University Enrollment Services Advance—White