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-H
3. Current Course Number 299
4. Current Credit Hours VAR
5. Current Title Honors Tutorial
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 ______ YES ______

☐ 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 ________________
Approved by:

__________________________ Date ________________
Dean

__________________________ 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.

UPS 725

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