Course Change Request

Indiana University

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 399 □
4. Current Credit Hours: VAR
5. Current Title: Honors Colloquium
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: HON 497 (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 ___ 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: ____________________________ 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 ____________________________ 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.

UPS 725

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