Course Change Request

Indiana University

IUPUI Campus

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

1. School/Division Radiologic Sciences/School of Medicine
2. Academic Subject Code RADI
3. Current Course Number R230
4. Current Credit Hours 3-24
5. Current Title ARRT Radiography Credential
6. Effective Semester/Year for changes listed below: Fall 2010
7. Instructor: Cox

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: ARRT Radiography Credential
   Change to: Primary Certification (Professional Credential)
   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 special credit course, change reflects acceptance of additional accreditation agencies
   (Use additional paper if necessary)

18. Are the necessary reading materials currently available in the appropriate library? n/a

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 2/2/10
Department Chairman/Division Director

Approved by: __________________________ Date 2/7/10
Dean

Dean of Graduate School (when required) __________________________ 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.

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