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 R231
4. Current Credit Hours 10
5. Current Title CAHEA Clinical Experience-RTR
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: CAHEA Clinical Experience-RTR
   Change to: Second Certification (Professional Credential)
   Recommended abbreviation (optional) ____________________________ (Limited to 32 Characters including spaces)

☑ 10. Current credit hours fixed at: 10 or variable from: ________ to ________
    Change to credit hours fixed at: ________ or variable from: ________ to ________

☑ 11. Current lecture contact hours fixed at: 10 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 advanced certifications (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 _____________
Department Chairman/Division Director

Approved by: ____________________________ Date _____________
Dean

Dean of Graduate School (when required) ____________________________ 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