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 R232
4. Current Credit Hours 1-5
5. Current Title Clinical Work 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: Clinical Work Experience-RTR
   Change to: Professional Work Experience
   Recommended abbreviation (optional): ________________________
   (Limited to 32 Characters including spaces)

☒ 10. Current credit hours fixed at: __________ or variable from: 1 to 5
    Change to credit hours fixed at: __________ or variable from: 1 to 12

☐ 11. Current lecture contact hours fixed at: __________ or variable from: 1 to 5
    Change to lecture contact hours fixed at: __________ or variable from: 1 to 12

☐ 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 professional work experience
   (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:

[Signature]

Date 2/2/10

Department Chairman/Division Director

Dean of Graduate School (when required)

Approved by:

[Signature]

Date 2/17/10

Dean

Chancellor/Vice-President

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