New Course Request

Indiana University

Check Appropriate Boxes: Undergraduate credit ✔ Graduate credit □ Professional credit □

1. School/Division NURSING
2. Academic Subject Code NURS

3. Course Number 4370 (must be cleared with University Enrollment Services)
4. Instructor

5. Course Title Senior Research Internship I

Recommended Abbreviation (Optional) (Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): Fall 2010

7. Credit Hours: Fixed at ________ or Variable from ________ to ________

8. Is this course to be graded S-F (only)? Yes ☐ No X

9. Is variable title approval being requested? Yes ☐ No X

10. Course description (not to exceed 50 words) for Bulletin publication:
    This course is designated for students accepted to the nursing honors study option. This course is the culmination of a faculty-mentored experience where a researchable nursing problem is identified and a research proposal is developed. Students will complete data collection and analyses during this course.

11. Lecture Contact Hours: Fixed at ________ or Variable from ________ to ________

12. Non-Lecture Contact Hours: Fixed at ________ or Variable from ________ to ________

13. Estimated enrollment: 15 of which 0 percent are expected to be graduate students.

14. Frequency of scheduling: ________ Will this course be required for majors? ________

15. Justification for new course: Culmination of nursing honors

16. Are the necessary reading materials currently available in the appropriate library? Yes ☐

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new 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)

Approved by: __________________________ Date ____________

Deborah Cullinan

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.