Course Change Request

Indiana University

Check Appropriate Boxes: Undergraduate credit ☐ Graduate credit ☐ Professional credit ☑

1. School/Division: Business
2. Academic Subject Code: BUKD
3. Current Course Number: 0790
4. Current Credit Hours:
5. Current Title: Independent Study in Accounting
6. Effective Semester/Year for changes listed below: Fall 06 4068

7. Instructor:

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: ___________________________

Change to: ___________________________

Recommended abbreviation (optional) ___________________________

(Limited to 32 Characters including spaces)

☐ 10. Current credit hours fixed at: ____________ or variable from: ____________ to ____________

☐ 11. Current lecture contact hours fixed at: ____________ or variable from: ____________ to ____________

☐ 12. Current 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: To provide greater flexibility in the curriculum to satisfy students' needs. Pass/fail courses do not count toward degree requirements if necessary.

☐ 18. Are the necessary reading materials currently available in the appropriate library? ___

☐ 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 7-11-06

Dean of Graduate School (when required) ___________________________ Date ____________

Approved by: ___________________________ Date 7-20-06

Chancellor/Vice-President ___________________________ Date ____________

University Enrollment Services ___________________________ Date 7-24-06 18:13

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.

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