## Course Change Request

### Indiana University

**Indianapolis Campus**

<table>
<thead>
<tr>
<th>Check Appropriate Boxes</th>
<th>Undergraduate credit</th>
<th>Graduate credit</th>
<th>Professional credit</th>
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<tbody>
<tr>
<td>1. School/Division</td>
<td><strong>School of Health &amp; Rehabilitation Sciences/Physical Therapy</strong></td>
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<tr>
<td>2. Academic Subject Code</td>
<td><strong>AHPT</strong></td>
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<td>3. Current Course Number</td>
<td><strong>P512</strong></td>
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<td>4. Current Credit Hours</td>
<td><strong>2</strong></td>
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<td>5. Current Title</td>
<td><strong>Muscle Physiology</strong></td>
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<td>6. Effective Semester/Year</td>
<td><strong>Fall 2007</strong></td>
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<td>7. Instructor:</td>
<td><strong>TBA</strong></td>
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### Type of Change Requested (Check appropriate boxes and indicate changes)

- [ ] 8. Change course number to: ____________________________ (must be cleared with University Enrollment Services)
- [X] 9. Current course title: **Muscle Physiology**
  - Change to: **Clinical Physiology**
  - Recommended abbreviation (optional)

- [X] 10. Current credit hours fixed at: **2** or variable from: ________ to ________
- Change to credit hours fixed at: **4** or variable from: ________ to ________

- [X] 11. Current lecture contact hours fixed at: **XX 30** or variable from: ________ to ________
- Change to lecture contact hours fixed at: **XX 60** 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 [X] ______
- Change to S-F (only) grading? Yes ______ No [X] ______

- [ ] 14. Does this course presently have variable title approval? Yes ______ No [X] ______
- Is variable title approval being requested? Yes ______ No [X] ______

- [X] 15. Is this course being discontinued? For all campuses ______ or for this campus only ______

- [X] 16. Current course description: **Essential concepts of muscle physiology critical to the scientific development and application of physical therapy interventions; includes energy transfer during exercise, nutritional considerations, exercise and functional capacity evaluation**
  - Change course description to (not to exceed 50 words) **Essential concepts of human physiology critical to the application of physical therapy interventions, including physiological mechanisms regarding neural, musculoskeletal, cardiovascular, endocrine, reproductive, respiratory, gastrointestinal and renal systems. Medical cases are used to reinforce basic physiological principles.**

- 17. Justification for change
  - Scope of course needs to expand to meet program needs
  - (Optional: 50 additional characters)

- 18. Are the necessary reading materials currently available in the appropriate library? Yes ______

- 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

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.

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

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