Course Change Request

Indiana University  
IUPUI Campus

Check Appropriate Boxes:  
Undergraduate credit [ ]  Graduate credit [ ]  Professional credit [X]

1. School/Division  School of Health & Rehabilitation Sciences/Dept of Occupational Therapy

2. Academic Subject Code  AHLT

3. Current Course Number  T525  4. Current Credit Hours  1

5. Current Title  Research & Reflective Seminar I

6. Effective Semester/Year for changes listed below:  Spring 2008

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:  Research & Reflective Seminar I  Change to:  Reflective Seminar I

Recommended abbreviation (optional)  (Limited to 32 Characters including spaces)

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

Change to credit hours fixed at:  or variable from:  to

☐ 11. Current lecture contact hours fixed at:  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 [ ]

Is variable title approval being requested?  Yes [ ]  No [ ]

☐ 14. Does this course presently have variable title approval?  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  The focus of the seminar is reflection; research is only a part of the course.

(Use additional paper 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:  
Thomas Fisher  Date  4/18/07  
Department Chairman/Division Director

Approved by:  
Joyce MacKinnon  Date  4/19/07  
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.

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