**Course Change Request**

**Indonesia 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**  
   - T568

4. **Current Credit Hours**  
   - 3

5. **Current Title**  
   - Evidence Based Research in Occupational Therapy

6. **Effective Semester/Year for changes listed below:**

7. **Instructor:**

---

**Type of Change Requested (Check appropriate boxes and indicate changes)**

- [ ] Change course number to: _____________________________ (must be cleared with University Enrollment Services)

- [X] Change current course title:  
  - Evidence Based Research in Occupational Therapy  
  - Evidence Based Practice in Occupational Therapy  
  - Recommended abbreviation (optional) ____________________ (Limited to 32 Characters including spaces)

- [X] Change current credit hours fixed at: 3 or variable from: _________ to _________

- [X] Change current lecture contact hours fixed at: _________ or variable from: _________ to _________

- [X] Change current non-lecture contact hours fixed at: _________ or variable from: _________ to _________

- [X] Is this course currently graded with S-F (only) grades?  
  - Yes [X]  
  - No [ ]

- [X] Change to S-F (only) grading?  
  - Yes [X]  
  - No [ ]

- [ ] Does this course presently have variable title approval?  
  - Yes [ ]  
  - No [X]

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

- [ ] Is this course being discontinued? For all campuses _________ or for this campus only _________

- [ ] Change course description

---

**Justification for change**  
The title will now reflect more of the intent 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 Prahu Date 1/18/01

- Department Chairman/Division Director

Approved by:  
Laura MacKennon Date 1/19/01

- 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.