Course Change Request

Indiana University

TUPUI Campus

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

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

2. Academic Subject Code  
AHLT

3. Current Course Number  
T625

4. Current Credit Hours 2

5. Current Title  
Research & Reflective Seminar II

6. Effective Semester/Year for changes listed below:  
Fall 2007

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: 2 or variable from: __________ to __________

Change to credit hours fixed at: 1 or variable from: __________ to __________

☐ 11. Current lecture contact hours fixed at: 30 or variable from: __________ to __________

Change to lecture contact hours fixed at: 15 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 ____

☐ 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  
See attachment.

(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:  

[Signature] Date 1/18/07

Department Chairman/Division Director

Dean of Graduate School (when required)  

Approved by:  

[Signature] Date 1/19/07

Dean

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.

UPS 725  

University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow; Department/Division—Pink; University Enrollment Services Advance—White
17. Justification for change:

The research component of this course will be given to T667 or T701; therefore the credit is not needed. However, the additional credit will be given to Applied Neuroscience for the Occupational Therapist, T575.