Course Change Request

Indiana University

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

1. School/Division SHRS
2. Academic Subject Code AHPT
3. Current Course Number P696
4. Current Credit Hours 3
5. Current Title Clinical Education III
6. Effective Semester/Year for changes listed below: Spring 07
7. Instructor: Bainbridge

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: 3 or variable from: to
    Change to credit hours fixed at: 6 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 [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]
15. Is this course being discontinued? For all campuses [ ] or for this campus only [x]
16. Current course description

Change course description to (not to exceed 50 words)

17. Justification for change Clerical Error: course should have been listed for 6 credits
(Use additional paper if necessary)

18. Are the necessary reading materials currently available in the appropriate library? [x]

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 September 28, 2004
Department Chairman/Division Director

Approved by: [Signature] Date 9/20/04
Dean

Date

Dean of Graduate School (when required)

Date

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