## Course Change Request

**Indiana University**

**TN Campus**

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

<table>
<thead>
<tr>
<th>1. School/Division</th>
<th>SHRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Academic Subject Code</td>
<td>AHPT</td>
</tr>
<tr>
<td>3. Current Course Number</td>
<td>P697</td>
</tr>
<tr>
<td>4. Current Credit Hours</td>
<td>6</td>
</tr>
<tr>
<td>5. Current Title</td>
<td>Clinical Education IV</td>
</tr>
</tbody>
</table>

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

- [ ] 8. Change course number to: ____________________________ (must be cleared with University Enrollment Services)
- [ ] 10. Current credit hours fixed at: 6 or variable from: ________ to ________

Change to credit hours fixed at: 3 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 [X] No [ ]

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

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

Is variable title approval being requested? Yes [X] 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: **Clerical error; course should have been listed for 3 credits**

(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:

Department Chairman/Division Director

Date

Approved by:

Dean

Date

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.