Course Change Request

Indiana University

Indianapolis Campus

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

1. School/Division: Informatics
2. Academic Subject Code: HIA-M
3. Current Course Number: 445
4. Current Credit Hours: 2
5. Current Title: Medicine and the Law
6. Effective Semester/Year for changes listed below: Spring 2008
7. Instructor: Forsey

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: ____________________________ or variable from: 1 to 2

☐ 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 [ ] No [X]

☐ 14. Does this course presently have variable title approval? Yes [X] No [ ]
    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: See Attached
   (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]
Department Chairman/Division Director

Approved by: [Signature]
Dean

Date 1-18-07

Date ____________________________

Dean of Graduate School (when required)

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.

University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow; Department/Division—Pink; University Enrollment Services Advance—White
Students in the Medical Coding Certificate Program offered by the Health Information Administration Program will need to complete a portion of this class equal to 1 credit hour. If those same students decide to pursue the BS in Health Information Administration at a later time, they would need to complete the remainder of the class.