Course Change Request

Indiana University

Informatics

HIA-M

462

Healthcare Quality Improvement

Fall 2007

Walker

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

1. School/Division

2. Academic Subject Code

3. Current Course Number

4. Current Credit Hours

5. Current Title

6. Effective Semester/Year for changes listed below:

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)

X 10. Current credit hours fixed at: 1 or variable from: __________ to __________

Change to credit hours fixed at: 2 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 [ ]

☐ 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 [ ]

☐ 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: ____________________________ Date 1/18/07

[Signature]

Department Chairman/Program Director

[Signature]

Date

Dean of Graduate School (when required)

Approved by: [Signature]

Date 1/18/07

[Signature]

Date

Dean

[Signature]

Date

Chancellor/Vice-President

[Signature]

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
Changes in quality improvement methodologies in the Health Information Management profession as well as accreditation standards for the Health Information Administration program curricula require an increase in the amount of instruction time needed to insure that students receive sufficient education in this area.